VS A15 (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

09559

	9	585		CERTIF	IC/	ATE OF DE	ATH			Reg. I	Dist. No	13	559
١.	PLACE OF DEATH					2. USUAL RESIDENCE	CE (Whe	ere decease	d lived. If institut b. COUNT)	ion: Resid			
	Washir			MARYLA		Maryla				Wash	ing	ton	
	b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	1 1b	c. CITY OF TOW	N (If ou	utside corpo	prote limits, write	RURAL and	d give ne	arest tow	n)
	Hagers			2 days		23 Hagers	tor	m					
	d. NAME OF HOSE	PITAL (If not in hospitol,	give street	oddress)		d. STREET ADDRE	ESS					e. IS RE	SIDENCE
		gton Coun				735 In	ter	val	Road		5.89		FARM?
3.	NAME OF DECEASED	Fi		Middle		Lost		4. DATE	Mo	oth	Di	200	Yeor
	(Type or print)	Blanche		Elizabe	th	Anderso	n	OF DEATH	Aug.		1		19 59
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		B. DATE OF BIRTH			9. AGE (In years last birthday)			-	ER 24 HRS.
F	emale	White	WIDOW	DIVORCED		Oct 2 :	189	0	68 yrs		Doys	Hours	Min.
10	during most of we	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE	(Stote o	or foreign o	country) MC	. 12. C	ITIZEN C	F WHAT	COUNTRY
	Housew	ife	"	Own Home		Hagers	tow	n Wa	sh. Co		II.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAI						MILA	
	Geor	ge M. John	ngon			ATTOR	ET	igeh	eth Bus	0.77			
15.	WAS DECEASED EV	ER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	And A	1200		dress		-11,	
(Y-	No. or unknown)	(If yes, give war or dates of	service)	None	Man	s. O. S.	Da	++02	735 In	+071	ra Ir	RA	
=		EATH (Fater aslu ass a	- li		Mr	B. U. D.	200	reto	wn Md.	ret			714/554
		EATH [Enter only one content was CAUSED BY:					_				ON	SET AND	DEATH
	0.00	IMMEDIATE CAUSE (	Her Her	nolytic ar	<u>lem</u>	la with	Spl	enom	egaly		Ln	aei:	inite
	292.0	-2110-40	,										
	Conditions, if		Art	cerioscler	ot	ic heart	di	seas	e		5	yr.	
	gove rise to cause (o), stotin												
	lying couse los	(	c)										
CERTIFICATION	PART II. O	THER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE	TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o)	PERFC	DRMED?
FFC	200 ACCIDENT V	VAS UNDERLYING	20h DES	CRIBE HOW INJURY OCC	HODE	) (Enter noture of init	ry in Pa	ort Lor Par	t II of item 19.1			162	NO 🔣
ERT	OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)	200. 013	SKIBE HOW HAJOK! OCC	UKKEL	o. (Enter notice of inju	ny in ri	011 1 01 1 01	THO Hem 18.1				
			1001.0				,	Tass can					
MEDICAL	Hour o. m	JRY Month, Doy, Ye	While	Not while	foc	CE OF INJURY (Home tory, street, office bldg	g., etc.)	201. (City	or town)		(County)		(Stote)
ME	p. m	. 19	of wor		1			i					
	21. I certify	that I attended the	deceas	ed fram. /95.	50	, 19to	Au	g. 1	, 19_5	9.that	l last s	gw the	decease
	alive on Au	gust 1	195	and that d	eath	occurred at 8P	•	M. froi					
		140.1		^					treet, city or town.		THE GO		ATE SIGNE
	ACTUAL	101216	لهدف	2		.148 West					8/	3/59	9
	SIGNATURE	`			—'	W.D.							
s	PHYSICIAN'S NAME (Type)	Dr. B. B.	Kne	isley		Hagersto	own	, Ma	ryland				
22	BURIAL, CREMAT	ON, 226. DATE THERE	OF .	22c. NAME OF CEMETE	RY O	RCREMATORY		22d. LOCA	TION (City, town	OF CONDIX	nat	Stol	H-
	Burial	" Aug 47	59	Rest Hav	ren	Cem.			gerstow		19 L	OII	00
23.	FUNERAL DIRECTO			ADDRESS	-		. REC'D	BY REGIS		ISTRAR'S S	IGNATU	RE	0.00
	Andrew	K. Coffma	n Ha	rerstown. M	6	DAI	TE AUG	6 15	9 0	Thung &	4		
-		The state of the s	445	THE PARTY OF THE P	444	0711	MUC	-	-	TOTAL A		-	

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour ser death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 3 should be detached for use as the burial-transit permit. Then please remains manner and a prove that the provest of th VS A15 (4) 15M 9/58

DERWINGAME OF DEATH

### **CERTIFICATE OF DEATH**

Reg. Dist. No.

	70176				Keg. L	Dist. No.		
1. PLACE OF DEATH a. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (W		COUNTY	ence before admission) Ashington		
RURAL ond give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16  3 weeks	c. CITY OR TOWN (IF		nits, write RURAL onc	d give nearest town)		
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, give street Co. Hospital	address)	d. STREET ADDRESS	comac Ave.	,	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Lucretia	Middle Stine	Athey	4. DATE OF DEATH	Month 8	Day Year 25 1959		
s. sex female	6. COLOR OR RACE 7. MAR WIDOW	/ED DIVORCED	B. DATE OF BIRTH Oct. 29, 188	lost	E (In years birthday) 72 yrs. IF UNDE	ER 1 YEAR IF UNDER 24 HRS Days Hours Min.		
10a. USUAL OCCUPAT during most of wo house	ION (Give kind af wark done 10b rking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State		12.CI	USA		
13. FATHER'S NAME Edga	r S. Bock		14. MOTHER'S MAIDEN Ellen	Stine				
15. WAS DECEASED EV (Yes. no, or unknown)	ER IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)		nformant oward N. Athe	y Hage	Address rstown, Mo	d.		
Conditions, if gave rise to cause (o), stating lying cause last	immediate DUE TO	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONI	DITION GIVEN IN PA	ART 1(0) 19. WAS AUTOPS		
PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II or Part II of item 18.)								
County   C								
21. I certify alive an  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	Dr. D. J. Boy	sed from Charles th	accurred at 3	M, fram the c ADDRESS (Street, ci	auses and on th	last saw the decease the date stated above		
220. BURIAL, CREMATI REMOVAL (Specify		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	City, town, or county	) (Stote) Md.		
23. FUNERAL DIRECTO		ADDRESS stown, Md.		UG 2 8 '59	24b. REGISTRAR'S S			

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retained by II ospital or attending physician.	RAL DIRECTO. Iter this certificate has been signed by the attending physician and completely filled in by the funes	should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be	isters print to buried cremotion or semonal and in any event within 72 hours ofter death

	9586 MARYLAND S		ENT OF HEALTH	-BALTIMORE, 18 Dr Kehne	09561 eg. Dist. No. 302				
N	PLACE OF DEATH C. COUNTWASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTWASHINGTON						
	RURAL ond give neorest town) Hagerstown	10 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  3 Hagerstown.						
31	d. NAME OF HOSPITAL (If not in hospitol, give street odd OR INSTITUTION  Washington Co. Hospital	iress)	d. STREET ADDRESS 417 India	ana Ave.	•. IS RESIDENCE ON A FARM? YES NO MX				
	3. NAME OF DECEASED (Type or print) Samuel	Aaron	Beard	4. DATE Month OF DEATH Aug.	14, Yeor 1959				
	5. SEX   6. COLOR OR RACE   7. MARRIED   White   Widowed	DIVORCED .	B. DATE OF BIRTH April 11,188	35 lost birthdoy) W	UNDER 1 YEAR IF UNDER 24 HRS.  Anoths Days Hours Min.				
7		M. R. R.	Peru	Indiana	U. S. A.				
-	A3. FATHER'S NAME  I.ewis Beard			san CARBAUGH					
		CIAL SECURITY NO. 17. 11 5-10-527	Mrs Myrtle	Beand 417 In	diana Ave.				
	18. CAUSE OF DEATH [Enter only one couse per line of PARY I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	for (o), (b), ond (c).] Nonary insu	fficiency		INTERVAL BETWEEN ONSET AND DEATH 7days				
Show a	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  (b)  Pult  (c)	monary tube	rculosis,fa	r advanced, a	ctive ll yrs				
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  Arteriosclerotic heart disease YES NO STATEMENT OF THE PART OF TH								
	OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 18.)					
	20c. TIME OF INJURY Month, Day, Year 20d. INJU While of work	_ Not while for	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(County) (Stole)				
	21. I certify, that I attended the deceased from 4 August, 59, to 14 August, 1959, that I last saw the deceased alive on 14 August, 1959, and that death accurred at 3:40PM, from the causes and an the date stated above.								
	ACTUAL SIGNATURE The Hole M.D. 131 W. Washington St. Hagerstown, Md.								
1	PHYSICIAN'S John H. Kehne M	M.D.			15 Aug.195				
	Burial Aug.17/59	Rest Haver	T COME PELA	THE STATE OWIL	fshing to hu co				
	23. funeral director's signature Andrew K. Coffman Hager	address stown, Md,	240. REC'D DATAUG		AR'S SIGNATURE				

# PARTIAND STATE DEPARTMENT OF HEALTH-BALLINGES, 16 ... STATE OF STA

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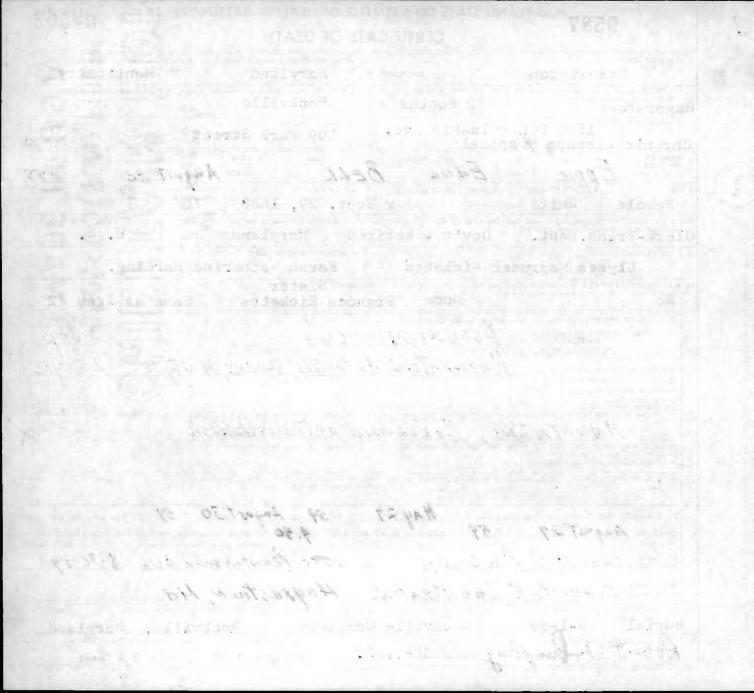
VS A1S (4) 1SM 9/S8

# 9587 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09562

	CERTITION	AIL OI DEAII	Res	g. Dist. No.
PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATMARY LA	nd b. COUNTY MC	esidence before admission) ontgomery
Hagerstown	LENGTH OF STAY IN 16 2 months	c. CITY OR TOWN (IF a	utside corporate limits, write RURAL 11e	and give nearest lawn) 15 2 6 2
or Institution 1500 Pennsyla Chronic Disease Hospita	lähia Ave.	d. STREET ADDRESS 109 Par	k Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EDDIE E	ANA A	BELL Lost	4. DATE Month OF DEATH AUgust	Day Year 19 <b>5</b> 8
S. SEX Female    6 COLOR OR RACE   7. MARRIED		B. DATE OF BIRTH Sept. 29, 1	9. AGEAIn years IF UI lost birthdoy) Mar	NDER 1 YEAR IF UNDER 24 HRS.  This Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane lob. KIN Clerk-Treas. Dept. Go	v't - Reti			U. S.
13. FATHER'S NAME Ulyses Magruder R	icketts	14. MOTHER'S MAIDEN N	atherine Hardi	.ng.
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO( (Yes, no or unknown) (It yes, give wor or dates of service)		NFORMANT Sister ances Ricke	Address Same a	s Item #2
PART I. DEATH Enter only one cause per line for part I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Canditions, if any, which gave rise to immediate cause (a), stating the under.  lying cause last.	for (a), (b), and (c).] RUNCHIPME  FUHATOID  A	umonia 12 thritis, 52	VERE HUltiple	1 STERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CON  AN WTRITTON  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  CONTRIBUTION  CONTRIBU	H& NEDALIZ	NOT RELATED TO THE TERMINATION OF THE TERMINATION O	scleposis	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
<u> </u>	URY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.	, 20f. (City or town)	(Caunty) (State)
21. I certify that I attended the deceased alive on August 29, 1959  ACTUAL SIGNATURE SWALLS TO R LA  PHYSICIAN'S EVARISTO R LA	a /	accurred at 4:30	M, fram the causes and an ADDRESS (Street, city or town, state)	n the date stated above.
	Rockville		22d. LOCATION (City, town, or cou	Maryland
23. FUNDRAYDIRECTOR'S SIGNATURE Lunghruy B	SETHESDA, M		BY REGISTRAR 24b. REGISTRAR	



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VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 I tem 2 FilmG248 9-3-59 et CERTIFICATE OF DEATH

9630

			·	1	5	6	9
Reg.	Dist.	No.		0	U	U	(

	LACE OF DEATH					2. USUAL RESI	DENCE (Whe	ere deceased			nı Reside	nce befor	e odmissi	ion)
		lashington		MARYI	LAND	o. STATE	INd Pe	enna.	b. C	OUNTY	1166	Hito	14dd	75X.
		f outside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If ou	Itside corpo	rate limits,	write RU	RAL and	give neo	rest town	)
	Rural.	Bonnesbon	0	4 Years			Rhito	5A//B	ødnes	00000	/ Wa	ynes	bor	
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)	110	d. STREET A	ADDRESS /	23 5	011+6	66117	ceh	St.	. IS RESI	DENCE FARM?
		-Keedy Mem	oria	L Home		Fahr	ney-Kie	edy/M	endri					NO 🔯
	NAME OF DECEASED	Fir	st	Middle		los		4. DATE OF	<del> </del>	Month	1	Da	y 1	ear .
_	Type or print)	S	•	Alliso		Bene		DEATH			ust			959
5. 5	SEX A A	6. COLOR OR RACE	7. MARE	IED NEVER MARRIE		8. DATE OF BIRT	H //	200	9. AGE (In		Manths			R 24 HRS.
	M	W	WIDOWI	Lu	_ ,	10/2	3/68		90	yrs.	Manins	Days	Hours	Min.
10a	USUAL OCCUPATIO	N (Give kind of work-	done 10b.	KIND OF BUSINESS OF	R INDU	STRY 14. BIRTHPI	LACE (State o	or foreign co	ountry)		12. CI	TIZEN O	F WHAT	COUNTRY?
		Machinist				Near 1	Mercer	sburg	Pa.		U	J.S.A		
13.	FATHER'S NAME					14. MOTHER'S								
	James Be	enedict.				S	arah K	eller						
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 1	NFORMANT	C. I. C. II . I.	02,202		Addre	15			
(Yes	No No	(If yes, give wor or dates of s	BLAICO}		Min	rs. Eliza	oho+h	P V.,	ma G	an M	- N	(A		
		THE FE		e (ar (a), (b), and (c).]		S. EIIZ	abeun	D. Mu	112, 0	en m	BL P			
		TH WAS CAUSED BY:	ose per in	(0), (b), one (c).)	- ref	0.4	-1	1				ONS	RVAL BE	DEATH
	1770	IMMEDIATE CAUSE (0	1	ancer	0,1	Jevo	July	Q,					5 5	729,
	11/1	DUE TO			11	1							/	
	Canditions, if or		)		V									
	gove rise to it couse (o), stating t													
	lying cause last.	(c	)											
NO.	PART II. OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE	E CONDITI	ON GIVE	N IN PAR	RT 1(a) 15	. WAS A	UTOPSY
Y													PERFO	
TIFIC	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CURRE	D. (Enter nature a	of injury in Po	ort I or Port	I II of item	18.)				
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
CAL	20c. TIME OF INJUR	Y Month, Day, Ye	2r 20d. II	NJURY OCCURRED	20e. PL/	ACE OF INJURY	Home, farm,	20f. (City	or town)			County)		(State)
EDI	Haur a.m.	19	While at war	Not while	fac	tary, street, affice	bldg., etc.)					,,		
2	p. m.			4	-	+2	de	0 7	7	929				
	1.	at I attended the	deceas	ed from 414	12	1954	, to ou	9 1						deceased
	alive on 1	4.1.0	, 19-	, and that	death	occurred at						he do		d obove.
		LIVIL	11/1	711			12. m	DDRESS (S)	reet, city a	r fown, st	late)		DA	TE SIGNED
	ACTUAL SIGNATURE	10000	100			м.D	000	noc	022	7	<i></i>		0/	2//5
	PHYSICIAN'S NAME (Type)	G. W.1	20	an					n	101				/
220	BURIAL, CREMATIO	N, 22b. DATE THEREC	E	Im- was as as										
220	REMOVAL (Specify)	N, 226. DATE THEREC	15-9	CAY DO	n /-	R CREMATORY		22d. LOCAT	nes	1	T.	ーファイ	(State	B
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			240, REC'D	BY REGIST	-	b. REGIST		GNATUR	E	- Cham
1	salter-4	Store	U	Sayner	200	o Pa	DATE	JG 3 1	59			& The		
				1										

# MARYLAND STATE DEPARTMENT OF HEALTH -BALTHMORE, 18

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the series and securities that the first transfer and second of the second securities and the second	

TO DEPUTY MEDICAL FXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, pleas execute the certificate lining the word "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Plantal be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fill TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremotion, or remayol, and in any event within 72 hours offer death.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9631 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09564

ea. Dist. No.

					Keg, I	DIST. No.
1. PLACE OF DEATH a. COUNTY Washi	ngton	MARYLAND	2. USUAL RESIDENCE (V		d. If institution: Residue.	
b. CITY OR TOWN	It outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corporate	limits, write RURAL or	nd give neorest town)
		1 & Months	X RURAL-Ch	arlaton		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			22 20 0011		e. IS RESIDENCE
Clears	oring R.F.D. #	L	Big Pool	R.F.D.	#1	YES NO
3. NAME OF DECEASED (Type or print)	CHARLES	Middle FRANKLIN	BOPPE	4. DATE OF DEATH	August	Doy Yeor 18 19 59
Male	White Widow	RIED NEVER MARRIED 8. ED DIVORCED J			E (In years birthday)  L5 yrs. IFUNDE  Months	R 1YEAR IF UNDER 24 HR Doys Hours Min.
during most of wo Student-	TION (Give kind of work done 10b. rking life, even if retired)  Farmer	kind of Business or industral school-Farm			4	TIZEN OF WHAT COUNTR
13. FATHER'S NAME		2 0011002 -0211	14. MOTHER'S MAIDEN I		-6,	
Richa	rd H. Boppe		Clara Bur	kett		
	EVER IN U. S. ARMED FORCES? 110	S. SOCIAL SECURITY NO. 17. IN	FORMANT	11000	Address	
No. er unknown)	(If yes, give war ar dates of service)	None Mr	Richard	H. Boppe		ol ,RFD #1
	EATH [Enter only one couse per lin EATH WAS CAUSED BY:	e for (o), (b), and (c).]				INTERVAL BETWIEN ONSET AND DEATH
825	IMMEDIATE CAUSE (o)					
000	DUE TO	7	1/	2/		X
Conditions, if	mediate cause	come au	uch 10	prone	-	- maland
(a), stating th	e underlying DUE TO					A STAN ALVAN
couse fost.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT BELATED TO THE TERM	INIAI DISEASE CONT	DITION CIVEN: IN BA	DE 1/ 1/10 WAS ALVEORS
PART II.	THEK SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OF RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PA	PERFORMED?
200 EVTERNIAL	TALLER MAR TON DESCRI	BE HOW INDIDIO OCCUPATO IT			101	YES NO
CAUSE OF DEAT	H. Va	me back u	but a	welly	inest.	Larray When
20c. TIME OF IN		INJURY OCCURRED 20e. PLACE	E OF INJURY (Mame, form	n. 20f. (Cily or low	(n) (Co	ounly) (State)
¥ 4.30 p.		vork of work	arm	Clear	spring he	soli my
21. I certify	that I took charge of the	remains described above	ve, held on Autops	y . Inspec	tion 🔑 Inqui	iry , ond in m
opinion deo	th resulted from: Notural	couses , Accident	Suicide []	Homicide .	Undetermined	monner
	1000	1				
ACTUAL SIGNATURE	A. 200 De	102	M.D. CHIEF MEDICAL EX	XAMINER [	1	DATE SIGNED
	Tricy	70-0	ASSISTANT MEDIC	AL EXAMINER	V	1/8/:-
EXAMINER'S NAME (Type)	NITEWA	11/0 h	DEPUTY MEDICAL	EXAMINER D-		107
220. BURIAL, CREMA REMOVAL (Spec	ify)	St. Paul Ce			City, town, or county)	
23. FUNERAL DIRECT	0.77	ADDRESS	240. REC'	D BY REGISTRAR	learspri	
(1000	of xxend	illemnes of -	MILE DATE A	UG 2 0 '59	arthur,	
0000	100	occept and occor	I DATE H	DU T O OO	Correct,	d. Thatle

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# 9588 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09565

Reg. Dist. No. 302

	1. PLACE OF DEA	ТН				2. USUAL	RESIDENCE (	Where decea	sed lived. If Institu	ution: Reside	nce befor	re admir	sion)
	o. COUNTY	shington		MARY	LAND	TATE	rvlan	d	b. COUNT	Wa.gh	ing	ton	
	b. CITY OR TO	VN (It outside corporate lim	its, write RURAL	c. LENGTH OF STAY I	N 1b				porote limits, write				(n)
	and give neare			D. O. A.			zersto	4	~ 3				
0.0	d. NAME OF H	geratown	ON (If not in h	iospitol, give street address	1		ET ADDRESS	) AA II	1			e. IS RE	SIDENCE
044				Hospital		80'		il ton	Blv'd.			ON	NO DE
	3. NAME OF DECEASED		First	Middle			Lost	4. DATE	Mont	h	Day	Ye	or
	(Type or print)	Paul	Harm	richouse	Bve	er		OF DEATH	Aug.	7.7		19	259
	5. SEX	6. COLOR OR I		RIED NEVER MARRIED			RTH		9. AGE (In years	IF UNDER	IYEAR I		
	Male		WIDOW		_   0		12,18		foot birthdoy) 61 yrs.	Months	Days	Hours	Min.
	10a. USUAL OCCL	PATION (Give kind of vorking life, even if ret	work done 10b	. KIND OF BUSINESS OR I	NDUSTRY	Y 11. BIRTI	HPLACE (State	or foreign	country)	12. CITI	ZEN OF	WHAT (	COUNTRY?
~		cal Engir		otomas Edi	son	Co.	Hage	ersto	wn, Md.	U	S.	A.	
*	13. FATHER'S NAM	AE			1	14. MOTHE	R'S MAIDEN	NAME					
I)	Edgan	H. Bver				Cla	ara Hi	imric	house				
	15. WAS DECEASE	D EVER IN U. S. ARME		6. SOCIAL SECURITY NO.	17. INF	ORMANT			Address				
	yes	W. W. #	1 2	14-10-5304	Re	v. Pa	aul By	yer,	Wyomiss	ing,	Pa.		
	Control of the Contro			e for (o), (b), ond (c).]							INTERVA	AL BETWEE	IN TH
	PART I.	DEATH WAS CAUSED IMMEDIATE CAU	BY: SE (o)										
	420	). O DU	E TO	~	(	1				5-11-3	100		
		if ony, which)	(b)	(nona	ry	Oca	chis	un		-	en	X	1
		mmediate cause (	E TO	19	1	0	~	/	, ,		1	,	
10.77	couse lost.	)	(c)(	caluno!	le	luch	w X	earl	sis.		12	-/-	<u></u>
0	PART II	OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED	TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19.	WAS A	UTOPSY RMED?
0	3		LESSTER.								YE	s 🔲	NO 🗗
100	PRIMARY O O CAUSE OF DE	CONTRIBUTING	20b. DESCR	BE HOW INJURY OCCUR	RED. (Enh	er noture o	f injury in Por	rt I or Port II	of item 18.)			179	15
	20c. TIME OF Hour				PLACE	OF INJUR	Y (Home, form	n, 20f. (City	or town)	(Cou	nty)		(Stote)
	Hour o	. m.	19 Wh	work ot work	100.017	,,	ina biogi, or						
2700	21, I certif	y that I took che	orge of the	remoins described	above	e, held	on Autops	y 🔲 , 1	nspection 4	Inquir	у 🔲,	and f	ind that
400	death resu	Ited from: Notu	rol couses	Accident	Suicie	de 🔲,	Homicide	e 🔲 . U	ndetermined o	couse 🔲			
	3 37 35	1/5	Y A	X									
	ACTUAL SIGNATURE_	11.00	Jun	and		M.D. CHIE	F MEDICAL E	XAMINER [			P	DATE SI	GNED
1500			~	0_		ASSIS	STANT MEDIC	AL EXAMINE	R		//	P	2
1	EXAMINER'S NAME (Type)	TAF	WH	1170 2	\	DEPU	TY MEDICAL	EXAMINER [			-	13	9
~	220. BURIAL, CREA	ATION, 226. DATE TH	EREOF	22c. NAME OF CEMETER	RY OR CE	REMATORY		22d. LOCA	TION (CITY 19 WE)	or tohula) T	000	C (Stote	)
0	REMOVAL (Sp Buris		/59	Rose Hil	1 C	emete	erv	Hag	erstown	Tia.	OII (	00	
do-		TOR'S SIGNATURE		ADDRESS				D BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATURE		
8	Andrew	K. Coff	man. H	aceratown	Md.		DATE A	UG 1 9'	59 C	ritur S.	thou	4	

VS. A15ME(5) 5M 9/55

to a to the fiftherman and the same ill may be suited as designation designation of the second CONSTRUCTION OF STREET es es

TO HOSPITAL OR ATTEN may be retained by th TO FUNERAL DIRECTOR:

VS A15 (4) 15M 9/5B

# 9589 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09566

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

			Tr				
1. PLACE OF DEATH o. COUNTY Was	hington	MARYLAND	2. USUAL RESIDENCE O. STATE Mary	land	d lived. If instituti b. COUNTY		
b. CITY OR TOWN ( RURAL ond give n	If outside corporate limits, write	c. LENGTH OF STAY IN 1b	7.7	N (If outside corpo	rote limits, write R	URAL ond give n	earest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street  N. Locust St.		d. STREET ADDR		st St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle Car	Last	4. DATE OF DEATH	August		Pay Year 1959
5. SEX Male		RIED NEVER MARRIED	B. DATE OF BIRTH	1897	9. AGE (In years last birthdoy) 62 yrs.	Months Doys	AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of wor Repairm 13. FATHER'S NAME	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(Stote or foreign o	Md.	12. CITIZEN	OF WHAT COUNTRY?
	er L. Varson	SOCIAL SECURITY NO.	Har	nah Mo	COY	ress	
	(If yes, give wor or dates of service)		Mrs. Myrt	le Cars		gerstow	m Md.
PART I. DEA	ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).]	ibrillat	in			NSET AND SEATH
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate DUE TO	Interposiclero,	tichent	dise	ye.		5 yrs
PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING COMES CONTROL CONTROL COMES CONTROL	CRIBE HOW INJURY OCCURRE	D. (Enter noture of inju	ury in Port I or Por	t II of item 1B.)		
20c. TIME OF INJUF Hour o. m. p. m.	While		ACE OF INJURY (Home ctory, street, office bld	g., etc.)		(Count	
ACTUAL SIGNATURE	Paint attended the decease Ding 20, 19	19, and that death	5, 19 5 9 to accurred at 3	ZPM, fram	the causes an treet, city or town,	d an the da	te stated abave.  DATE SIGNED  F2/-17
220. BURIAL, CREMATIC	Paul Harrison, M	. D.		rstown, 1	ION (City, town,	or county)	(Stote)
Burial (Specify)			Cemetery	Hag	gerstown	n Md.	
23. FUNERAL DIRECTOR	Minnich & Soi	ADDRESS Hagerstow	n Md. DA	REC'D BY REGIST	59 24b. REGI	strar's signat	

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executed within 24 haurs ofter deat

requires that the death certificate be

attending

as the burial-transit removal

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9590

CERTIFICATE OF DEATH

09567

				CERTIF	ICA	IE OF DEAT		R	eg. Dist. No	o. 302
	ACE OF DEATH COUNTY	shington		MARYLA		2. USUAL RESIDENCE (W o. STATE Vir	here deceased	b COUNTY	Residence bef	
	RURAL and give n	town		c. LENGTH OF STAY IN	11b	c. CITY OR TOWN (IF	outside corpord		AL ond give no	3 X-3
d.	OR INSTITUTION	TAL (If not in hospital, g Maryland St				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
DE	AME OF ECEASED ype or print)	JOH	"N	ALBER.	T	CHEAPE	4. DATE OF DEATH	AUGUST	- 2	Day Year 19 54
5. SE	ale	6. COLOR OR RACE White	7. MAR	RRIED NEVER MARRIED VED DIVORCED		DATE OF BIRTH unknown	about		UNDER 1 YEA Ionths Days	Hours Min.
10a. I	USUAL OCCUPATION  during most of wor  Inven	king life, even if retired		elf employed		RY 11. BIRTHPLACE (State		untry)	U.S.	MHAT COUNTRY?
13. FA	ATHER'S NAME Joh	n Henry Che	ape			14. MOTHER'S MAIDEN  Kathle		hie Hambro	ough	
		R IN U. S. ARMED FOR (If yes, give war or dates of se		none		ormant Malvina Te	rrell	Address Cheape Cha		sville,Va
1		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	line far (a), (b), and (c).]  OBULAR F	NEI	MONIA RIC	GHT LO	WER LOE	101	TERVAL BETWEEN
	527, Conditions, if a gove rise to i		C	DRONARY	ATA	EROSCLER	0515	SEVERE	U	NKNOWN
	cause (o), stoting lying couse lost.		P	VLMONARY	E	MPHYSEM	A		V	NKNOWN
CERTIFICATION	PART II. OTI		,	CONTRIBUTING TO DEATH	_	IOT RELATED TO THE TERM ENT	NINAL DISEASE	CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WA DR CONTRIBUTING IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCC	URRED.	(Enter nature of injury in	Part I or Port	II of item 18.)		
MEDICAL	Oc. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yea	While			CE OF INJURY (Home, fari ary, street, office bldg., et		or town)	(County	y) (State)
	21. I certify that alive an	nat I attended the	decea , 19	.40	-7 eath o	, 19.58, to Proceed at 6.30			an the dat	the deceased the stated above.
S	ACTUAL GIGNATURE	George	Be	ren	м	D. 1502 F	FNNS		A AVE	8/28/50
P	PHYSICIAN'S	VIDR. GEN	RC1	F RFRCW		HAGED	STAMA	MARVI	AND	

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Cedar Hill Cemetery

Hagerstown, MarylandonteSEP

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

arthur & Kraus

Washington

24a. REC'D BY REGISTRAR

(Stote)

may be retained by the pit TO FUNERAL DIRECTOR: After page 3 shauld be detached for the registrar prior to buriol, c. TO HOSPITAL OR VS A15 (4) 15M 9/5B

220. BURIAL, CREMATION, REMOVAL (Specify) Cremation

22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE
Suter-Rouzer Funeral Home
R. Kanklin Kenger

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VS A15 (4) 1SM 10/57

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# 9632 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09569
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	CEKIIIICA	IL OI DEAIL	Re	eg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl	ere deceased lived. If institution: I b. COUNTY Wa	Residence before admission) ashington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Sharpsburg Md RFD #2	LENGTH OF STAY IN 16		outside corporote limits, write RURA	
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Carrie	Middle Virginia (	Crampton	4. DATE Month Of DEATH Aug.	Day Year 19 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED		DATE OF BIRTH Feb. 28 18	last birthday) Me	UNDER 1 YEAR IF UNDER 24 HRS
	ND OF BUSINESS OR INDUST	ry 11. BIRTHPLACE (Stole of Tilghman		12. CITIZEN OF WHAT COUNTS U. S. A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Elias Potterfield  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOI	CIAL SECURITY NO. 17. IN	Laura	Smith	
(Yes, no, or unknown)   Iff yes, give war or dates of service)		. Walter S	. Crampton Sh	arpsburg Md.
Canditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost.  DUE TO  (b)  DUE TO	Portal hepa			1 year
PART II. OTHER SIGNIFICANT CONDITIONS CON  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRED.	(Enter nature of injury in P	ort I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 While of work	Not while facto	E OF INJURY (Home, form, try, street, office bldg., etc.	20f. (City or town)	(County) (State
21. I certify that I attended the deceased alive an 19	from Sep. I and that death of the second sec		_M, from the causes and ADDRESS (Street, city or town, store ) Sburg, Md.	
PHYSICIAN'S Walter H. Shea.	ly M. D.			
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Aug. 21-59	Mt. View Ce		22d. LOCATION (City, town, or co	ounty) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS GOVERN	240. REC'E		R'S SIGNATURE S. Kusha

SECURE OF THE PROPERTY AND ADDRESS OF THE PARTY. and property 2 nd A Language County and S THE PERSON OF TH The state of the second of believes 1 and 14 may 1 14 the state of the s THE STATE OF THE S

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# 9592MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Dr Ditto Jr.
Reg. Dist. No. 9576

	Neg. Usi. No.
1, PLACE OF DEATH  o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown 3 Weeks	03 Hagers town
d. NAME OF HOSPITAL (II not in hospitol, give street oddress)  Vashington Co. Hospital	d. STREET ADDRESS 70 East Antietam, Street   e. IS RESIDENCE ON A FARLE YES   NO
3. NAME OF First Middle OTCEASED (Type or print) Ottle Bell	Crilley  4. DATE Month Doy Year Death Aug. 4,1959
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  White Widowed X DIVORCED	B. DATE OF BIRTH Septe 18/1900  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House Wife  Own Home	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Baker	Mary Reed
(Var. as as such as at	Richard L. Crilley 1534 Crest View Rd
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ONSET AND DEATH
170× DUE TO	TR 4
Conditions, if ony, which) (b) Caremoma	preach / year
gove rise to immediate couse (o), stoting the under-	
lying couse lost. (c) C Metaline	> to fung
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING 200. CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURRE (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter noture of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work at work	LACE OF INJURY (Home, form, actary, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased fram. / - 2	
alive an 4-3-39, 19 and that death	h accurred at A.M. fram the causes and on the date stated above.
ACTUAL A Sa Della	ADDRESS (Street, Lity or town stole)  ADDRESS (Street, Lity or town stole)  ADDRESS (Street, Lity or town stole)
PHYSICIAN'S TIRE WITTO	2/////39
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial Aug. 6/59 Broadfordi	ng Cem. Breadfording, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
And rew K. Coffman Hagerstown,	Md DATE MIG 6 '59 Orlhun & Kinus

VS A15 (4) 15M 9/SS

MASS TOREST LANGET ATERNAT HEARS AND TOLLETO under the seems of the control of the control The stooms of the stoom of the PERSON CONTRACTOR AND ADDRESS OF LAND ASSESSMENT , a company of the control of the co  DRISECONDAR

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death:

may be retained by the

VS A15 (4) 15M 10/57

# 9593 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09571 Rea. Dist. No

			nag. Di	31. 140.
1. PLACE OF DEATH o. COUNTY	44.40.01.44.10	2. USUAL RESIDENCE (Where dece	ased lived. If institution: Residen	ce before admission)
WASHINGTON	MARYLAND	MARYLAN	1	HINGTON
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)	GTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporate limits, write RURAL and	give nearest town)
HAGEIZSTOWN 4	DAYS	X MOUSE T	OWN - RUBA.	L
<ul> <li>d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION</li> </ul>	ı	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
161600	SPITHL	1 BOONS131	10 MO. 12.2	YES NO NO
3. NAME OF DECEASED	Middle	Lost 4. DAT		Day Year
	JLUMIBUS	DACHENHART DEA	7100001-10	
5. SEX 6. COLOR OR RACE 7. MARRIED 1	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	Days Hours Min.
MALE WHITE WIDOWED	DIVORCED [	APRIL-21-1888	7/ yrs. 3	25
<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>	F BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreig	n country) 12. CIT	TIZEN OF WHAT COUNTRY
4/4 - 1 -	ONE	BOONSBORO 1	WASH, CO. MD.	11.5.4.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
AARON DAGENHE	+13T	SARAH	DUTROW	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no. or unknown) (If yes, give wor or dates of service)	SECURITY NO. 17.	INFORMANT	Address	
No 213-	16-155KM	IRS MAUDE STAUE	S HAGERST	TOWN MID.
18. CAUSE OF DEATH [Enter only one couse per line for (o		3		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	estive.	heart traily	21.	ONSET AND DEATH
420.0 IMMEDIATE CAUSE (o)				
2 4	1.0. 1.	heart Time		4 mouth
Conditions, if any, which gove rise to immediate	Tanta .		K .	, according
couse (a), stating the under. DUE TO				
lying cause lost. (c)				
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PAR	T 1(o) 19. WAS AUTOPSY PERFORMED?
3 Carciusua	est an	Ver		YES 🔀 NO
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HO OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRE	D. (Enter nature of injury in Port I or	Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY C Hour a.m. 19 of work of otwork of the control	CCURRED 20e. PI	ACE OF INJURY (Home, form, 20f. (	City or town) ((	County) (State)
Hour a.m. While No	while fo	ctory, street, office bldg., etc.)		
	A4 -	150 0	16 - 50	
21. I certify that I attended the deceased from	m Marc	h, 1959, 10 8-	16 - , 1959, that I	last saw the deceased
alive an 8-10-, 19 39	, and that death	occurred at 7 P M, fr		he date stated above
the Ti		ADDRESS	(Street, city or town, state)	DATE SIGNED
SIGNATURE Por Jew wari		M.D. 21 N. Main ST	BRONS borg	Md 3/18/5
PHYSICIAN'S JOSEPH SECON	DARI			
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. N	IAME OF CEMETERY C	DR CREMATORY 22d. LO	CATION (City, town, or county)	(Stote)
BUBLAL Specify) AUC 19 1959 F	DOONSBOR	0	ONSBORE WASI	
	DORESS	24g, REC'D BY REG		
- 10 M 10 at 1	BOARISBAL	1 1 0 110 0 4		
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SESSMAN LAND STATE DEPARTMENT OF HEALTH - BALTHAORE 18 

\$ 8 8/	Keel	I	9594 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH (3572
please e		1. 1	ACE OF DEATH COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution ASSET NOTO Windows)  o. STATE Maryland b. COUNTY PRANTALES:
Poge,		ь	CITY OR TOWN (II authide corporate limits, write RURAL and give nearest town)  Hagerstown	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rural Knoxville
or.		-	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
directs les.	081		Washington County	Weverton Hill YES NO
uneral yaur fi	(C)			Darr Lost 4. DATE Month Day Year 959
The fire for the rate of for the rate of t		5. S	7 27 2 1 4	7_77_7050   lost birthday)   Menths   Days   Hours   Min.
oin oin		-		
fter de and be ret	1)		USUAL OCCUPATION (Give kind of work done ring most of working life, even if refired)  None  None  None	West Virginia   U.S.A.
2. 20 2		13.	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
hau 1ges e 5		15	F'LOYD F. Darr  WAS DECEASED EVER IN U. S. ARMED FORCES? [16, SOCIAL SECURITY NO. ] 17, IN	Helen Cook
Pag Pag		(Yes.	no, or unknown) ) (If yes, give wor or dates of service)	r.Floyd F.Darr, R.F.D. #1, Knoxville, Md.
A3. Giv		H	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
18. E			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Supply Control of the Control of	à alue to asperations
Item Ifem Insit	/		9210 DUE TO	
with			Conditions, if any, which) (b) of vousely	fur gui
penci along burial			gave rise to immediate cause (a), stating the underlying DUE TO cause last.	
fice so		Z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ding ding sed	0	3		YES NO I
his cert d 'pen ominer'		CERTIFI	20b. DESCRIBE HOW INJURY OCCURRED. (E CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (E CAUSE OF DEATH.	Enter nature of Injury in Part I or Part II of item 18.)  rly morning feeding
War War Fx Shou	4	MEDICAL		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tary, street, affice bldg., etc.)
AINE the dica	21	ME	bout p.m. 8/23/59 19   at work   at work	Home Hagerstown Wash, Maryland
XX			21. I certify that I took charge of the remains described about	
OK TOWN			death resulted fram: Natural causes [], Accident [4], Suid	icide 🔲, Hamicide 🔲, Undetermined cause 🗍.
MEDIC. tificate to the o	7		ACTUAL SIGNATURE SIGNATURE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
TY I	de		EXAMINER'S [ ]	ASSISTANT MEDICAL EXAMINER   9/24/59
DEPUTY of the central FUNERAL removal.		220	NAME (Type) LOWARD YV. J. TO III	V. DEPUTY MEDICAL EXAMINER
cute farw o FUI		220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	22d. LOCATION (City, town, or county) (Stote) Lovettsville, Virginia
		23.	UNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS. A15ME(5) 5M 9/55		1	Le Frete Brunswick, Maryla	and DATE AUG 28 '59 arising & Finnes
		G	VVVVVVXVV	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

STATE WILDINGS EXAMINED STREET OF DEATH The second of th and the Description of the Land of the Lan

TO HOSPITAL OR ATTENTING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death may be retained by the pital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs ofter death.

VS A15 (4) 15M 9/58 14

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9595 CERTIFICATE OF DEATH

Reg. Dist. (No. 573

1. PLACE OF DEATH							Reg. Dist.	0/ 3 ( , )
				2. USUAL RESIDENCE (V	Where deceased		on: Residence be	fore admission)
Washing	ten		MARYLAND	Maryland		b. COUNTY	Washi:	ngten
b. CITY OR TOWN	(If outside corporate lim	its, write c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (I	f autside corpor	ate limits, write R	URAL ond give r	learest town)
RURAL ond give in		yland	8vrs.	3 Hagerst	ewn. I	arylan	d.	
d. NAME OF HOSP	tTAL (If nat in haspital,			d. STREET ADDRESS				e. IS RESIDENCE
vestern		State 1	Tespital	440 Par	k Plac	e		YES NO
NAME OF DECEASED		rst DII -	Middle	Last	4. DATE	Mon		Day Year
(Type ar print)	CHRIST	OPHER	Columbu	BPENNIS	DEATH	AUGU!	ST 1	9 1950
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		R IF UNDER 24 HR
Male	Colored	WIDOWED [	DIVORCED [	Mar 10 189	1	68 yrs.	Months Day:	Hours Min.
a. USUAL OCCUPATI	ION (Give kind of work rking life, even if retired	dane 10b. KIND O	F BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign co	untry)	12. CITIZEN	OF WHAT COUNTRY
Mi ne		Coal	mi ne	Montgen	ery Co	unty T	enn.	USA.
3. FATHER'S NAME				14. MOTHER'S MAIDEN				
Mederie	k Dennis			Grace Br	odus			
5. WAS DECEASED EV	ER IN U. S. ARMED FOI	RCES? 16. SOCIAL	SECURITY NO.	NFORMANT	VUUD	Add	ress	
	World War	1 216-	22-2646 D	irs Hilda I	Dennis	440 Pa	rk Pla	40
M.	ATH [Enter only one co							ITERVAL BETWEEN
	ATH WAS CAUSED BY:	PERI	FORATEI	PEPTIC	111 0.	=0		NSET AND DEATH
540.1	IMMEDIATE CAUSE (		-OKA IET	, LELLIC	OLL	IK		6 HOURS
	DUE TO	0						
Conditions, if	ony, which )	b)						
	ony, which	b)						
Conditions, if gove rise to couse (a), stating lying couse lost	ony, which (timmediate graphs of the under-	b) O						
Conditions, if gove rise to couse (o), stoting lying couse lost	ony, which immediate DUE TO	b) O c) NDITIONS <u>CONTRIB</u>	UTING TO DEATH BUT	NOT RELATED TO THETER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Conditions, if gove rise to couse (o), stoting lying couse lost	ony, which immediate DUE TO	b) O	UTING TO DEATH BUT	NOT RELATED TO THETER	MINAL DISEASE	CONDITION GIV	VEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
Conditions, if gove rise to couse (a), stating lying couse lost	ony, which immediate DUE TO CONTROL ON THE SIGNIFICANT CONTROL ON THE SIGNI	C)  DO CONTRIBUTIONS CONTRIBUT	12 EDEM	NOT RELATED TO THETER  A. CENTRAL  D. (Enter noture of injury in	NERIOUS'	SYSTEM S	VEN IN PART I(0)	PERFORMED?
Conditions, if gove rise to couse (a), stoting lying couse lost  PART II. OT  PULMON  20a. ACCIDENT W  OR CONTRIBUTING  (IF EITHER, NOTIF)	ony, which immediate the under to the under to the transfer to	C)  DO CONTRIBUTIONS CONTRIBUT	12 EDEM	A . CENTRAL	NERIOUS'	SYSTEM S	VEN IN PART I(a)	PERFORMED?
Conditions, if gove rise to couse (a), storing lying couse lost  PART II. OT  PULMON  20a. ACCIDENT W  OR CONTRIBUTING  (IF EITHER, NOTIF)	ony, which immediate of the under.  THER SIGNIFICANT CON  AS UNDERLYING   G  G  CAUSE OF DEATH	CONTRIBUTIONS CO	OW INJURY OCCURRED	A. CENTRAL  D. (Enter noture of injury in the control of injury injury in the control of injury injury in the control of injury	NERVOUS n Port I or Port	SYSTEM S	YPHILS	YES NO
Conditions, if gove rise to couse (a), storing lying couse lost  PART II. OT  PULMO  20a. ACCIDENT W  OR CONTRIBUTING (IF EITHER, NOTIF)	immediate the under- ther significant con ARY CON  (S) (AS UNDERLYING  G  G  CAUSE OF DEATH Y MEDICAL EXAMINER)	CONTRIBUTIONS CO	V P EDEM  DW INJURY OCCURRE  DCCURRED  occurred  for while	A . CENTRAL D. (Enter noture of injury i	NERVOUS n Port I or Port	SYSTEM S	YPHILIS	YES NO
Conditions, if gove rise to couse (o), stoting lying couse lost  PART 11. OT  PULMO?  20a. ACCIDENT W  OR CONTRIBUTING (IF EITHER, NOTIF)  Hour o. m. p. m.	THER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, Ye	DO DESCRIBE HOW While No of work of	OCCURRED 20e. PL	A. CENTRAL  D. (Enter noture of injury in  ACE OF INJURY (Home, foctory, street, affice bldg., e	NERWUS n Port I or Port	SySTEM S 11 of item 18.)	YPHILIS (Count	PERFORMED? YES NO
Conditions, if gove rise to couse (o), stoting lying couse lost  PART 11. OT  PULMO?  20a. ACCIDENT W  OR CONTRIBUTING (IF EITHER, NOTIF)  Hour o. m. p. m.	ONY, Which immediate immed	DO DESCRIBE HO While No of work of edeceased from	OCCURRED 20e. PL for work 10 PL	A. CENTRAL D. (Enter noture of injury in  ACE OF INJURY (Home, foctory, street, affice bldg., etc.)  3., 19.54, ta. F.	NERWUS 'n Port I or Port rm, 20f. (City stc.)	SYSTEM S 11 of item 18.) ar town)	(Count	y) (Stote
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II. OT  PULMO?  20a. ACCIDENT W  OR CONTRIBUTING (IF EITHER, NOTIF)  Hour o, m. p. m.	THER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, Ye	DO DESCRIBE HO While No of work of edeceased from	OCCURRED 20e. PL for work 10 PL	A. CENTRAL  D. (Enter noture of injury in  ACE OF INJURY (Home, foctory, street, affice bldg., e	MERUS on Port I or Port  rm, 20f. (City  PLS VS 7  P.M. fram t	II of item 18.)  ar town)  19 19 59, he causes an	(Count	y) (Stote
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II. OT  PULMO  20a. ACCIDENT W  OR CONTRIBUTION (IF EITHER, NOTIF)  20c. TIME OF INJU  Hour o. m.  p. m.  21. I certify t  alive an MV	THER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, Ye	DO DESCRIBE HO While No of work of edeceased from	OCCURRED 20e. PL for work 10 PL	A. CENTRAL D. (Enter noture of injury in  ACE OF INJURY (Home, foctory, street, affice bldg., etc.)  3., 19.54, ta.,  occurred at 10.55	MERUS on Port I or Port  rm, 20f. (City  P.W. VS. 7  P.M. fram t	SYSTEM S 11 of item 18.) ar town)	(Count	y) (Stote
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II. OT  PULMO  20a. ACCIDENT W  OR CONTRIBUTION (IF EITHER, NOTIF)  Hour o. m.  21. I certify t	THER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Doy, Ye	DO DESCRIBE HO While No of work of edeceased from	OCCURRED 20e. PL favork   20e. PL favork   70 m. APRIL / , and that death	A. CENTRAL D. (Enter noture of injury in  ACE OF INJURY (Home, foctory, street, affice bldg., etc.)  3., 19.54, ta. F.	MERUS on Port I or Port  rm, 20f. (City  P.W. VS. 7  P.M. fram t	II of item 18.)  ar town)  19 19 59, he causes an	(Count	y) (Stote
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II. OT  PULMO  20a. ACCIDENT W  OR CONTRIBUTION (IF EITHER, NOTIF)  20c. TIME OF INJU  Hour o. m.  21. I certify to alive an MU  ACTUAL SIGNATURE	ONY, which immediate immediate in the under- ither significant con in the under-ither significa	DO DESCRIBE HO While No of work of edeceased from	OCCURRED 20e. PL favork   20e. PL favork   70 m. APRIL / , and that death	A. CENTRAL D. (Enter noture of injury in ACE OF INJURY (Home, foctory, street, affice bldg., etc.)  3., 19.59, ta. 1.  occurred at 10.55  M.D. 1500 F	MERWUS  n Port I or Port  rm, 20f. (City  stc.)  PM, fram t  ADDRESS (Str  PM/S	ar town)  19.59  he causes an eet, city or town,	(Count	y) (Stote
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II. OI  PULMO  20a. ACCIDENT W  OR CONTRIBUTING (IF EITHER, NOTIF)  Hour o. m. p. m.  21. I certify to alive an MU  ACTUAL	Only, which immediate immediate immediate in the under to the significant converge c	DO DESCRIBE HO While No of work of edeceased from	OCCURRED 20e. PL favork   20e. PL favork   70 m. APRIL / , and that death	A. CENTRAL D. (Enter noture of injury in  ACE OF INJURY (Home, foctory, street, affice bldg., etc.)  3., 19.59, ta. 1, occurred at 10.55	MERWUS  n Port I or Port  rm, 20f. (City  stc.)  PM, fram t  ADDRESS (Str  PM/S	II of item 18.)  ar town)  19 19 59, he causes an	(Count	y) (Stote
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II. OT  PULMO  200. ACCIDENT WOOR CONTRIBUTING (IF EITHER, NOTIF)  400. ACCIDENT WOOR CONTRIBUTING (IF EITHER, NOTIF)  21. I certify to alive an AV  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATI	ONY, which immediate immediate in the under to the under to the significant con the significant con the significant con the significant con the significant examiner. The significant examiner is the significant examiner in the	CONDITIONS CONTRIBUTIONS CONTR	OCCURRED 20e. PL favork   20e. PL favork   70 m. APRIL / , and that death	A. CENTRAL D. (Enter noture of injury in the charge, street, affice bldg., end occurred at 10.55  HAGERS:	MERUS OF PORT OF PAN FRANCES (SITE PAN S	ar town)  19.59  he causes an eet, city or town,	(Count that I last so d an the da state) A R VE	y) (Stote
Conditions, if gove rise to couse (a), stoting lying couse lost  PART II. OT  PULMO  20a. ACCIDENT W  OR CONTRIBUTING (IF EITHER, NOTIF)  Hour o. m. p. m.  21. I certify t alive an HU  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	ONY, which immediate immediate in the under to the under to the significant con the significant con the significant con the significant con the significant examiner. The significant examiner is the significant examiner in the	CONDITIONS CONTRIBUTIONS CONTR	OCCURRED 20e. PL far work 20 and that death 20 cc.	A. CENTRAL D. (Enter noture of injury in the charge, street, affice bldg., end occurred at 10.55  HAGERS:	PMERUS 1 Port I or Port I	ar town)  19 19 59, the causes an eet, city or town, YLVANI, MARY C.	(Count that I last so d an the da state)  A A VE	y) (Stote)

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nals that bearings and the second . Superitary, Marchaell Core. S. Core Manager, January West en Beryland Elate Respisal 440 Park Place CHRISTOPHER COLLEGE WALS WAR AUGUST 19 WAS Adv. one cates a recommend to the Lead to the this of the land the lands year of West added 10 the ere about 10 the feet at the Plant of the Plant Plant 22443 THE FORFIED PERIOD OF SER KONGRESS ON COMMENT STATES AND COSTONES VARIABLES The second of th MELDING TO THE STATE OF THE PERMIT WE SERVE STATE STATES OF THE STATES O TOTAL TREE BEECK STREET TOTAL STREET The first term of the second s The first the first of the firs

e. IS RESIDENCE

Day

ON A FARM?

YES NO IX

Year

10

PERFORMED? YES NO

(State)

DATE SIGNED

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author & Kines

DATE ALIG 2 8 '59

Hours

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

may be retained by the spital ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funer page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be attending to purial, cremation, ar removal, and in any event within 72 haurs after death.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9596

**CERTIFICATE OF DEATH** 

(1)	9	5	7	5
1.	0	U	8	U

	Keg. Dist. No.
1. PLACE OF DEATH O. COUNTY MARY!	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If autside carporate lights, write   c. LENGTH OF STAY	IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
RURAL and give nearest tawn)	C. CITT OK TOWN (III dollade calporate limits), while kokkit one give healest lown)
Hagetstown 2 9%	s Carlisle 1213
d. NAME OF HOSPITAL of nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Carlock Com. Home	67 West North J YES NOT
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) Ida J.	Failor DEATH August 30 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	THE DATE OF BIDTH
Found white WIDOWED IT DIVORCEE	last birthdoy) Manths Days Hours Min
Oa. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS O	R INDUSTRY 11. DIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if revived)	D. L. I. P 7 1211
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 : E:/2=	VI.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT Address
(Yes, no. or unknown) (If yes, give wor or dates of service)	12 Marian Charles Company
No No	Mrs. May thype State Jene 19
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	anche Horident / the
33/X DUE TO 2	111/11/11
Conditions, if ony, which ) the (200 400 (2)	al Autoria a Colstania 40 481.
gave rise to immediate	To Hilliam Control
cause (a), stating the under-	
lying cause last. (c)	THE WAS ALTONOMY TO THE TENUNCH DISEASE COMPUTED LONG IN A REAL AND A WAS ALTONOMY
F THE SIGNIFICANT ECONOTIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 macine of mel: 1936-	YES NO 🚱
TAN II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD TO THE PROPERTY OF T	CCURRED. (Enter nature of injury in Part I ar Part II af item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work at wark	20e. PLACE OF INJURY IHame, form, 20f. (City or town) (Caunty) (State)
Haur a. m.  White Nat white  p. m.  19 at wark at wark	factory, street, affice bldg., etc.)
	1 55 1 55
21. I certify that I attended the deceased fram.	19 1, to 9, 19 1, that I last saw the deceased
alive on 47 Ft CG, 1937, and that	death accurred atM, from the causes and on the date stated above
	ADDRESS (Street, city or lown, state)  DATE SIGNED
SIGNATURE STUDENTS	M.D. GREENCOLATIC B. JIT
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEME	ETERY OR CREMATORY 22d. LOCATION (City, tawp, or county), (State)
REMOVAL (Specify) 9/3/59	"He Butter Newille Cabuland Tour
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE
Ste elle De Here	
Herry M. Jemmany Allen	DATESEP 3 '59 arilar & Trans

VS A15 (4) 15M 9/55

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VS A15 (4)

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Ì	Ì	U	U	-

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND WASHINGTON MARULAND MUSHINGTON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) 15 YEARS NKSTOWN FUNICSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION MEST MAPLE YES NO IN WEST 3. NAME OF 4. DATE First Middle Year DECEASED OF DEATH (Type or print) ARL 19 5 AUGUST 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH DIVORCED [ WIDOWED T UNE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MILLER · KETIRED 4.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME +ORRE CHARLOTTE WARD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 37 W. MADLE ST. FUNISSTOWN MD 214 09-3035 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS'S CERTIFICATION PERFORMED? 1x stuna YES NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work ot work p. m. 21. I certify that I attended the deceased fram. Acus 22, 1951, to 14 up 22, 1927, that I last saw the deceased and that death accurred at 11:55 P.M. from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL M.D. 217 W. Washington St. NAME (Type) Edward W. Ditto 111. M.D. Hagerstown, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (Stote) REMOVAL (Specify) MIDDLETOWN FRED. CO. MIP EMETERV 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEAUG 2 7 '59 arthur & Krank

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rector, d with		1. 1	PLACE OF DEATH		-
Filed be	183	ľ	Washing	rton	
after death. the funeral should be f		R	b. CITY OR TOWN (If	autside carporate limi	ts, write
after de the fun	090		d. NAME OF HOSPITA	AL (If not in hospital, g	
in by and 2	010			Nursing H	ome
illed in		3. 1	NAME OF DECEASED (Type or print)	Mir.	mie
vithin 24 rely filler Pages 1		5. 9	SEX	6. COLOR OR RACE	7. MA
3 = 3 ×		F	emale	White	WIDOV
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death all ar attending physician.  In a certificate has been signed by the attending physician and campletely filled in by the funeral rive as the burial-transit permit. Then please temove carban papers. Pages I and 2 should be femation, ar remayal, and in any event within 72-thauts, ofter death.		10a	USUAL OCCUPATIO during mast af worki Housewi	N (Give kind af wark on the life, even if retired <b>f</b>	dane 10t
e be e carbai		13.	FATHER'S NAME		
ificate l hysician nove ca aurs aff	1		Jim M	ills	
ng phy		15. (Yes		IN U. S. ARMED FOR f yes, give war or dates of s	
death of the state	- 111		18. CAUSE OF DEAT	TH [Enter anly one ca	use per
atte de M	- 11		PART I. DEAT	H WAS CAUSED BY:	
at the a Then event			420.0	DUE TO	
tha by t.			Conditions, if an	v. which )	,
gned b permit.			gove rise to in	mediate (	
ian. ian. insit p			cause (a), stating t lying cause last.	he <u>under-</u>	
: The law recing physician te has been s burial-transit remayal, and		Z	PART II. OTH	ER SIGNIFICANT CON	
The laving physical properties that the partial properties of the part	0	CERTIFICATION		pne	u
ng l e h buri		TIFIC	20a. ACCIDENT WAS	S UNDERLYING []	20b. DE
YSICIAN: The law requires ar attending physician. certificate has been signed e as the burial-transit permitain, ar remayal, and in an an		L CER	(IF EITHER, NOTIFY I	CAUSE OF DEATH MEDICAL EXAMINER)	
ar atta		MEDICAL	20c. TIME OF INJURY Haur a. m.	Manth, Doy, Yes	ar 20d. Whil
oital ar attain this certification use as cremation, cremation,		MEC	p. m.	19	at w
41			21. I certify the	at I attended the	deced
41 00			alive an	2as 13	_, 19_
retained by the RAL DIRECTOR: should be detactive strar prior to bu			ACTUAL SIGNATURE	"Cevard	w
TAI reto tAL shou	/		PHYSICIAN'S ENAME (Type)	Edward	(
HO PO P		220	BURIAL, CREMATION	A 100 A	1959
5 5 g =		23.	FUNERAL DIRECTOR'S		11

96	36		CERTIFIC	CATE OF DEA	ATH	R	leg. Dist. No	113518
1. PLACE OF DEATH o. COUNTY Washir	gton		MARYLAN	O STATE	E (Where deceased	lived. W-institution:	Residence befo	
	If autside carporate lim	its, write c	LENGTH OF STAY IN 1	c. CITY OR TOWN		rate limits, write RUR.	AL and give ne	arest town)
d. NAME OF HOSPI OR INSTITUTION Gateway	Nursing I		dress)	d. STREET ADDRE		#1		e. IS RESIDENCE ON A FARMA- YES NO-
3. NAME OF DECEASED (Type or print)		mie	B. F	6rsythe	4. DATE OF DEATH	Augus t	13	y Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED [	30	2	1 . 1 . 1 . 1	UNDER TYEAR	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION of Working most of working to the Council of	king life, even if retired	1)	Home	St: Pa		ountry)		SA
13. FATHER'S NAME  Jim N	lills			14. MOTHER'S MAIL	ry Kens	il		
15. WAS DECEASED EVE (Yes, no. NO.	ER IN U. S. ARMED FOR (If yes, give war or dates of		NONE	Mr. Leonar	d Forsy	the Big		, Md .RFD
	the under-		Carana	arten uå schu	o sch	heast	ON	Coye  6 Non
PART II. OT	, ,	und		BUT NOT RELATED TO THE			IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	G CAUSE OF DEATH MEDICAL EXAMINER)	20B. DESCRI						
Haur a.m.	RY Manth, Day, Ye	While at wark [	Nat while of wark	PLACE OF INJURY (Hame, factory, street, affice bldg	., etc.)	or town)	(Caunty)	
alive an	Pas 13 Elward	19.5		ath accurred at 6	M, fram		on the date	
PHYSICIAN'S NAME (Type)	Edward	( w.	Diffor	II, (1)	Hag	estow	n K	6/
220. BURIAL, CREMATIC	Aug. 16,		22c. NAME OF CEMETER Shanktown	Y OR CREMATORY E. U. B. Come		Near Big	Pool	(State)
23. FUNERAL DIRECTOR	R'S SIGNATURE	11/11	ADDRESS 1		REC'D BY REGIST	RAR 24b. REGISTR	AR'S SIGNATU	JRE

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PLACE OF DE	ATH							DENCE (V	Vhere decea	sed lived. If Insti		dence bef	fore adn	nission)
U. COUNTY		ashington			MAI	RYLAND	o. STATE	arvla	nd	b. COUN	W W	ashi	ngto	n
b. CITY OR TO	WN III	outside corporate fimits, writ	RURAL		LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (II	autside cor	porate limits, writ	RURAL o	nd give n	earest le	own)
		rstown			57 v	ears	03 Hage	ersto	wn					
		L OR INSTITUTION	If not i	n hospite			d. STREET A	DDRESS					e. 15 I	RESIDENCE
817	Med	dway Road					817 1	Medwa	y Road	d				NO
3. NAME OF DECEASED (Type or print)		FRANK	si		Middle		FRAT IAN	NI	4. DATE OF DEATH	Mon		Day 6		Year 1959
5. SEX	760	6. COLOR OR RACE	7. M	ARRIED	NEVER MARRI					9. AGE (In years		RIYEAR		DER 24 HRS.
Male		White	WIDO	OWED [	DIVORCE	II	Oct.	29.18	88	lost birthdoy! 70 yrs	Months	Days	Hours	Min.
10a. USUAL OCC	UPATIC	N (Give kind of work	done 1	10b. KIN	D OF BUSINESS O	R INDUST				country)	12. CI	TIZEN O	F WHAT	COUNTRY
Barber	warkin	g life, even if retired)		Bar	bershop		T	taly				U.S.	A	
13. FATHER'S NA	ME						14. MOTHER'S		NAME	- 17		UAD	444	
Dan	oto	Fratiann	L				Fra	ances	ca	Gallice	hio			
		R IN U. S. ARMED FO		16. 50	CIAL SECURITY NO	O. 17. IN	NFORMANT			Addres				
No No		Ilf yes, give war or dates of	service)	21	6-14-5593	3	Francis	W. F	ratia	nni Hag	ersto	wm M	d	
18. CAUSE C	F DEAT	TH [Enter only one car	se per	line for	(a), (b), and (c).]			X	-0				RVAL BETY	
PART		H WAS CAUSED BY:			Cirs	one	ery	Uc	du	un				
1120.	4	DUE TO		/	-		10			1 -				
Canditions		ny. which) (b)		61	lucis	-6	· lusti	X	7	1-1-	21 -1	1	0 20	rimit
gave rise la		liale cause				7	-0000	-/1	acar.					
(a), stating cause last.	The u	(c		D.										
Z PART	II. OTH	ER SIGNIFICANT CON		NS CON	TRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERM	INAL DISEAS	E CONDITION G	IVEN IN PA	RT 1(o) 1		
ATIC													YES T	ORMED?
PART  20g. EXTERN PRIMARY CAUSE OF D	AL CAU	SE WAS TRIBUTING []	b. DES	CRIBE H	OW INJURY OCC	URRED. (E	nter nature of in	jury in Par	t I ar Part II	of item 18.)				
			- I	204 1011	URY OCCURRED	200 81 4 4	CE OF INTUINY ()	Jama Jama	nor con		10			150-0-1
20c. TIME OF	a. m.			While	Nat while	facto	CE OF INJURY (Fory, street, office	bldg., etc.	.)	y or town)	10	aunty)		(State)
	p. m.	19		ot work										
21. I cert	ify th	at I toak charge	of t	he rer	mains describ	ed aba	ve, held an	Autaps	у 🔲 .	nspectian 🗷	Inqu	iry 🔲	, and	find tha
death res	ulted	from: Natural	cause	es 🖳	Accident [	], Suid	cide 🔲, H	amicide	, U	ndetermined	cause [	].		
		1001	1	0 5	H									CICNED
SIGNATURE	11	how.	2	ul	10/		_M.D. CHIEF M	EDICAL EX	KAMINER [			0	DATE	SIGNED
EXAMINER' NAME (Type		TRF 1	1.	N	0	2			AL EXAMINE EXAMINER	4000		1	1/3	9
220. BURIAL, CRE	1	N, 22b. DATE THEREC	)F	22	c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCA	TION (City, town	or county	)	(Sto	rte)
REMOYAL S		8/8/199	59	_	//		etery			gerstown				
23. FUNERAL OIR	ECTOR:	SSIGNATURE		~~	ADDRESS			24a. REC'	D BY REGIS		ISTRAR'S S			
Super .	20	louzer Fune		Hor	ne Hager	stown	n Md	DATE	AUG 21	'59	arthur	S. 14	inci4	

DATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, cute the certificate, and the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page forwarded to the C. Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to partial VS. A15ME(5) 5M 9/55

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If any delay is necessary,

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

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VS. A15ME(5) 5M 9/55

FUNERAL DIRECTOR'S SIGNATURE

DEPUTY MEDICAL

DATEAUG 2 8 '59

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur & throat NO Z

(State)

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO FUNERAL DIRECTO

VS A15 (4) 15M 9/55

## 9598 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1	9	5	8	1
		40		- Albert

1. PLACE (		SHINGTON		MAR	YLAND	a. STATE	MARYL		l lived. If institution b. COUNTY	WASF			
b. CITY RURA	OR TOWN	If autside carporate limi earest town) TOWN	ts, write	c. LENGTH OF STAY		11	HAGER		ote limits, write RI	JRAL and gi	ve neare	it fown)	
d. NAM OR II J A	CKSON	TAL (If not in haspitol, g	ive street	oddress)		/	S. PO	AMOTO	C ST?			IS RESIDE	
3. NAME ( DECEAS (Type or	ED	BERTH	A	ALICE			enber	4. DATE OF DEATH	AUGUS		Day 6	Yea 19	
5. SEX FEM.	ALE	6. COLOR OR RACE WHITE	7. MARI	RIED NEVER MARRI		8. DATE OF BII	/13/18		9. AGE (In years lost birthday) 87 yrs.	Months C		UNDER ?	24 HRS. Min.
during	HOUSE	ON (Give kind of wark king life, even if retired WIFE	dane 10b.	HOME	OR INDU		MARYL	AND	untry)	12. CITI2		WHAT CO	OUNTRY
13. FATHER	OSEPH	KROTZER					ANCY	JONE	S				
15. WAS D (Yes. no. or o	ECEASED EVI	ER IN U. S. ARMED FOR It yes, give wor or dates of s		NONE		MRS. T	HERESA	A B.	Addr McCUNE	"HAGI	ERST MD	OWN).	
Cana gove cause lying	ditians, if control tall (a), stating course last.	mmediate (	)	te Corona	ry	Occlus	ion				45	min	
200. A	Er CCIDENT W	HER SIGNIFICANT CON  1 teritis  AS UNDERLYING  CAUSE OF DEATH  MEDICAL EXAMINER)		CRIBE HOW INJURY O						EN IN PART		WAS AUT PERFORM ES   N	VED5
	ME OF INJUI dour a.m. p.m.	RY Manth, Day, Yes	20d. 11 While at wor	NJURY OCCURRED  Not while k of work	20e. PL	ACE OF INJURY ctory, street, aff	(Home, form, ice bldg., etc.	20f. (City	or tawn)	(Co	ounty)	71	(State)
alive ACTUA SIGNA	on_A1	nat I attended the agust 6	cyn		death	accurred on DS	5:58p Profe	_M, fram ADDRESS (Str	6, 159 the causes a reet, city or town, all Arts	nd an the	e date	stated DATE	abave SIGNEE
220. BURIA	L. CREMATIC	8/8/5		ROSE I		CEM.			ION (City, town, o		MI	(Stote)	
23. FUNER	AL DIRECTOR	S SIGNATURE	14	ADDRESS	-	7	240. REC'D	BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	NATURE		

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		SPECIFICAL STATE OF THE SPECIFICAL SPECIFICAT SPECIFICA	
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# moy be retained by W. Sspital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATT

VS A15 (4) 15M 9/5B

# 9638

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09582 Reg. Dist. No.

**CERTIFICATE OF DEATH** 

1. PLACE OF DEATH	shington	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived	l. If institution: Reside b. COUNTY Wash	ence before odmission)
RURAL ond give i	(If outside corporate limits, wr nearest town)	c. LENGTH OF STAY IN 15				give nearest town)
Boonsbor	o Md RFD 2	l yr.	X Boonsbor	o no. n	בט #2	
on Alte	ernate RFD #	40	On Altern	ate RFD	#40	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Raleigh	Abram	Griffith	4. DATE OF DEATH	Aug.	Day Year 1 1959
5. SEX	6. COLOR OR RACE, 7. A	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AC		R 1 YEAR IF UNDER 24 HRS
Male	White wid	OWED DIVORCED	Jan. 22 188	32 7	7 yrs. 6	Bays Hours Min.
during most of wo	ION (Give kind of work done rking life, even if retired)  LET D	10b. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stote Keedysvi	0.1		TIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
A	bram Griff	1th	Susan	Wolf		
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	None	Mrs. Mary Gr	iffith	Boonsbook	ro Md.
PART I. DE	ATH [Enter only one cause posterior of the cause of the c	er line for (a), (b), and (c).] Coulertive he	earl faile	u		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if	DUE TO	Cenerolizet	arterofeler	ni		4 Toys.
gove rise to couse (a), stating lying cause last.	the under. DUE TO	0				
PART II. OT	THER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	NINAL DISEASE CON	IDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIF)	AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part I or Port II of	item 18.)	
WED TO THE OF INJU Hour o. m. p. m.	10	hile Not while work of work	PLACE OF INJURY (Hame, far factory, street, affice bldg., et	c.)		(Caunty) (State)
21. I certify to alive an	hat I attended the dec 7-31-, 1 Joseft Sec	2 <b>59</b> , and that dea	26-, 1959, ta_ th accurred at 79 M.D. Book	_M, from the	t, 1952, that I I causes and an the city or town, stote)	ast saw the deceased the date stated above DATE SIGNED 8-1-59
PHYSICIAN'S NAME (Type)	Joseph Secon		21 N.		Boons	oro. Md
220. BURIAL, CREMATIC REMOVAL (Specify BULL 1 A	A	59 Mt. Lena	OR CREMATORY	Mt. Len	(City, town, or county)	(Stote)
23. FUNERAL PIRECTO	S SIGNATURE	TOPRESS	A 240. REG	IG BY REGISTEAR	246. REGISTRAR'S S	GNATURE Traus

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DIRECTOR:

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VS. A15ME

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

09583

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY o. STATE MD. b. COUNTY VASHINGTON WASHINGTON MARYLAND b. CITY OR TOWN III autside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. O. A. RURAL HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? WASHINGTON CO. HOSPITAL ROUTE 4 YES A NO NAME OF 4. DATE Middle Lost Month Doy Yeor DECEASED #3T GROVE 19 59 GREGORY LEE 8 DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS. lost-birthday) MALE WHITE JULY 27, 1957 Months Days Hours WIDOWED [7 DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARYLAND U.S.A. INFANT INFANT 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME SHIRLEY E. SPRENKLE CLYDE M. GROVE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dates of service) HAGERSTOWN . MD. NONE CLYDE M. GROVE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES T NO Z 200. EXTERNAL CAUSE WAS PRIMARY TO F CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED LEnter nature of injury in Port I or Part II of item 18.) 120d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Month, Doy, Year 20c. TIME OF INJURY (County) (Stole) factory, street, office bldg., etc.) While Not while of work of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection A. Inquiry and in my opinion deoth resulted from: Notural couses , Accident 4. Suicide , Homicide , Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) 9/2/59 PAUL'S CEMETERY WASHINGTON CO. . MD. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CLEAR SPRING.MD. JOHN F. CLARK Chilling & Tirana DATBEP

ALARYLAND STATE DRIVE HEALTH OF HEALTH-DACHMORE IN THE STATE OF DEATH.

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VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
9600	CERTIFICATE	OF DEATH	

### CERTIFICATE OF DEATH

09584

	Reg. I	Dist. No.
1. PLACE OF DEATH O. COUNTY Washington County MARYLAND	/11/10	
b. CITY OR TOWN (If outside corporate limits, write RURAL and, give nearest town)  Agerstown  2 days	Mesternbort	d give nearest town) 43-2
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital	d. STREET ADDRESS 511 Maryland Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED Marion Marie	Sily 4. DATE OF DEATH august	Day Year 9 1959
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  Nov. 4, 1910  9. AGE (In years lif UNDE lost biglibrios)  Months	ER TYEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WITO		TIZEN OF WHAT COUNTRY
13. FATHER'S NAME Charles Beeman	14. MOTHER'S MAIDEN NAME Marion Nichol	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes, give war or dates of service)	INFORMANT Address Eldridge Guy- Westernport, Md.	
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  Conditions, if any, which gove rise to immediate (b)  DUE TO  Course (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	all endo carditis.  ail of pancreas e'metastasis to	Several we
In farctions in Spleen, Kid  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	dneys and brain. RED. (Enter nature of injury in Port I or Port II of item 18.)	PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. jt. p. m. 19 While Not while of work of work	PLACE OF INJURY (Home, farm. foctory, street, office bldg., etc.)	(County) (Stote)
21. I certify that I attended the deceased fram August alive on August 8, 1959, and that deat ACTUAL SIGNATURE PHYSICIAN'S A.F. Abdullah	th accurred at 1355 M, from the causes and an ADDRESS (Street, city or town, stote)  M.D. 132 N. Potomac  Hagerstown, Md.	last saw the deceased the date stated abave DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) 8/12/59 Philos dom	OR CREMATORY 22d. LOCATION (City, town, or county) Westernport	(Slote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Westernport	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S S	

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	THE RESIDENCE OF THE PARTY OF	Name of the last o	AND

VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
9639	CERTIFICATE	OF DEATH	

## **CERTIFICATE OF DEATH**

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Reg. Dist. No.

T	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where de	eceased lived. If institution: Residence	e before admission)
L	WASHINGTON	MARYLAND	MARYLAND	b. COUNTY WASHIN	CTAN
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		corporate limits, write RURAL and gi	
	BOONSBORD	10 YEARS	X BOONSB	ARA	
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	/ d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	35 SOUTH MIAIN ST	4	35 SOUTH N	IAIN ST.	YES NO
3	NAME OF First DECEASED	Middle	Lost 4. D	ATE Month	Day Year
	(Type or print) ESTIE	ANNIE +		EATH AUGUST - 14	. 19 59
5	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
1	TEMALE WILLIE WIDOWE		OCTOBER -20-18	77 81 75 9	Doys Hours Min.
1	Do. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or fore	eign country) 12. CITI	ZEN OF WHAT COUNTRY?
	HOUSE WIFE 0	WN HOME	WOLFSWILLE	FRED. CO. MID.	U.S.A
1:	I. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	LEVI BRANDEN	BURG	LOUISE C	FROSSNICKLE	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (15. no. or unknown)   (11 yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
L	NO	NONE ME	S.LUELLA K	EPLEIR BOOM	SBORO MD
T	18. CAUSE OF DEATH [Enter only one couse per lin	e for (o). (b). ond (c).]	+ 1	r	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	mentereda	allredder	200	ONSET AND DEATH
1	450.0 DUE TO 1	11	1 . +	/	1
	Conditions, if ony, which ) (b) AP	morphaget	on begeles	( Rophageus)	2 month
	gove rise to immediate cause (a), stating the under-				
1.	lying couse lost. (c)			, ,	
3	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
13					YES NO
CEDTICICATION	200. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port 1	or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN Haur o. m. While	Not while 20e. PLA	CE OF INJURY (Home, form, 20f lory, street, office bldg., etc.)	. (City or town) (Co	ounty) (State)
ME	p. m. 19 ot work		1		
	21. I certify, that I attended the decease	ed from In	, 1959, to 196	3 19 , 1959, that I lo	ast saw the deceased
	alive an /44/13 195	and that death	accurred at H M' W.	fram the causes and on the	
	6/12/1/1	8 11		ESS (Street, city or town, state)	PATE SIGNED
	SIGNATURE	WV .	A.D. ROTT	81000	8/15/59
	PHYSICIAN'S C MILL SOLLO	1.		0.01	////
	NAME (Type) (T. VVI K TVA	n		my	/
2	o. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d.	LOCATION (City, town, or county)	(Stote)
L	DURIAL HUG.17.1959	CROSSNICKEE	CEMETERY NE	RIMVERSVILLE !	FRED. COMD.
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY R	REGISTRAR 24b. REGISTRAR'S SIGI	
L	John Thousand	1300NS1301	O MD DATE AUG	24'59 Circhan &	1. Kraus

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### **CERTIFICATE OF DEATH**

0 0 0 1	Keg. Dist. te	0. 00%
1. PLACE OF DEATH COUNTY Shington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before STATE  Maryland Washington	fore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagers town 10 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give no X Maugansville	earest town)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Wash County Tospital	/ d. STREET ADDRESS No North St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED	OF	959 19
5. SEX Female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   ST. WIDOWED   DIVORCED   DIVORCED		AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Secretary  McCauley &Co	oey Fairview Wash Co Md U	OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Rev Saml D. Hardranft	Sarah Minnich	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
No 214-09-0249 G	eorge R. Hartzanft 1069 Linco	ln Way E
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)		14 mo
2043 DUE TO		7 9 1111
Conditions if any which		
gave rise to immediate Dus TO		
lying cours last		
, 101	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
0,000		PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING	ED. (Enter noture of injury in Port 1 ar Port II af item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work	LACE OF INJURY (Home, form, 20f. (City or town) (County actory, street, office bldg., etc.)	y) (State)
21. I certify that I attended the deceased from Tune	9 , 1958, to Aug - 25, 1959, that I last:	saw the deceased
A constant of the constant of	h accurred at 1:10 AM from the causes and on the d	
	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE CON C ! / SIL MAN	un 2-14 N. Potomac st.	8/25/0
1 1 11	, m.v	2
PHYSICIAN'S L704d A- HOFFma	~ Hzgerstonn, n	7d.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
Burial 8/27/59 Dunkard Ce	metery Broadfording Wash C	lo Ma
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATI	
Andreww K. Coffman Hagerstown Md	DATE AUG 27 '59 Couldny 8 to	Taus

may be retained by It spital or attending physician.

TO FUNERAL DIRECTOR. The this certificate has been signed by the attending physician and campletely filled in by the funest page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4

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TO HOSPITAL OR ATTENDI

EDE I all part year	HTABO TO B	CERTIFICAT	1030	
	Call water med			
			I with a wint	
	STANGAL SALE			
A SECRETARIAN CONTRACTOR OF THE PROPERTY OF TH				
	of the street, it is			
	THE RESERVE OF STREET			
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logat a fountil satiffich	Brill . Low	00 11 (2/37) - 21 - 21		
Christian Control of the				
				Who Left
				STREET, STREET
THE RESERVE OF A CHARLES				
A PART OF THE PART				

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1										-			
1.	PLACE OF DEATH	-hdm-kan		MARY	AND	2. USUAL RESIDE	Mary		lived. If instituti b. COUNTY		deri		on)
H		shington f outside corporate limi	ts write	c. LENGTH OF STAY	N 1b				ote limits, write R				
	RURAL and give no Rural Bo	arest lawn)	,		ars	Wolf			/ 0	X = 3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
H		AL (If not in hospital, g	ive street		ar 5	d. STREET AD			10	V = 0		IS RESI	DENCE
F	OP INSTITUTION	eedy Memo										ON A	
3.	NAME OF DECEASED (Type or print)	Jenni		Middle S.		Hays		4. DATE OF DEATH	Mor 8	ith	Doy 12		9 59
S.	SEX			RIED NEVER MARRIE	рП	B. DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER	RIYEARII		
	female	white	WIDOW		_	6/16/18	875		SLL yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OF	RINDUS	0/ de 0/ de		or foreign co	untry)	12. CI	TIZEN OF	WHAT	COUNTRY?
	housew	ing life, even if retired ゴイム	)	own home		Mar	vlan	ð		TT	.S.		
13.	FATHER'S NAME			OWII MOMO		14. MOTHER'S A	-						
	Joseph	Stottlemy	er			Mar	tha :	Hurle	v				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CE\$? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT			Add	ress		-	
	os, no, or unknown)	(It yes, give war or dates of s		none	J	oe Hays	, My	ersvi	lle, M	d.			
	1000000	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which (b) mmediate	, 7	no for (o), (b), and (c).	fo te	daste def	Eros C	rip	risão			VAL BETT AND	
CERTIFICATION	PART 11. OTH			CRIBE HOW INJURY OF		-3/118				EN IN PA		WAS A PERFOR YES	MED?
CER	(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJUR Havr a. m. p. m.	Y Manth, Day, Ye	or 20d. I While at wor	NJURY OCCURRED  Not while  t of work	20e. PL	ACE OF INJURY (Hi ctory, street, office	ome, form, bldg., etc.	20f. (City	or town)	(	(County)		(State)
	ACTUAL SIGNATURE	at I attended the	deceas 19 V	123 11 1	death	accurred at A			the causes of set, city or town,	and an t		state	deceased d abave. TE SIGNED
22	NAME (Type)	N. 22b. DATE THEREC	)F	22c. NAME OF CEME	TERVO	0 COEMATORY		224 10047	ION (City, town,			/f. /	
	REMOVAL (Specify)	0.75	59			emetery			sville	or Eduniy)	M	(Stote	,
-	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS dletown,			240. REC'D	RY PEGISTI	RAR 24b. REGI	STRAR'S SI	GNATURE		

O FUNERAL DIRECTOR The this certificate has been signed by the attending physician and completely filled in by the funer page 3 should be detached for use as the burial-transil permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, or remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the TO FUNERAL DIRECTOR VS A1S (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-SALTIMORE,

ATE OF DEATH

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D FUNERAL DIRECTOR — For this certificate has been signed by the attending physician and completely filled in by the funer page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death:

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9602

CERTIFICATE OF DEATH

Reg. Dist. No. 19588

PLACE OF DEATH     O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY
WASHUYSTON MARYLAND	MARYLAND WASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)
HAGERSTOWN 110 DAYS	X PEGYSVILLE
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
WASH, CO. HOSPITAL	MAIN ST. YES NO A
3. NAME OF First Middle	Last 4. DATE Month Day Year
OFCEASED (Type or print) FRANKLIN T.	DEATH AUCHST 29 - 1959
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	SEPT 1872   last birthday)   Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
PRINTER - GOVERNALITAL PRINTING OFFI	ARMER STREET PARTY PARTY BEARING
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME L
	The man of manager trains y
WILLIAM HODGES	LELIZABETH WINDSOR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
NO. NONE M	RSICLEO FLORK KEEDYSVILLE MP.
18. CAUSE OF DEATH [Enter only one cause per tipe for (o) (b), and (c),	GOOD TO DINTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	and Madder iffor long to a long to a long to
584 Y DUE TO DAY	The state of the s
PW - A M	VIC. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Conditions, if ony, which gove rise to immediate (b)	actions / how son aso, o de!
cause (a), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED  OR CONTRIBUTING   LAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMENT
13 TEAMOR RECEIVED W	We Wherma YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ACCURRED OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
UF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m. While Nat while for	ctory, street, office bldg., etc.)
	16 B 100 16
21. I certify that I attended the deceased from 21/2	1954, 10 4 27, 1954, that I last saw the deceased
alive on (100) 19 7 and that death	occurred at from the causes and on the date stated above
1 5 dot 11 10, 4	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE / WARLE STEAM	M.D. 8/3/1591
PHYSICIAN'S WALTER H. SheALY M.	り、うんないでくられてらりから、
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City flown, or county) (State)
BURIAL SEPT. 1. 1959 FAIR VIEW C	EMETERY KEEDVSVILLE WASHIGIMA
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24d. REC'D.BY_REGISTRAR 24b. REGISTRAR'S SIGNATURE
Jehn H. Past BOONSBORD N	1 7 SEP 3 50
Lover H. Mary 100100 16	1D. DATE Circling S. Krana

TO FUNERAL DIRECTOR VS A15 (4) 15M 10/S7 will be that at the wind will be a first the wind street

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VS A15 (4)

15M 10/57

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**CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) 1. PLACE OF DEATH o. COUNTY a. STATE b. COUNTY MARYLAND GITY OR TOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 16 c. CITY O TOWN (If joutside corporate limits, write BURAL and give nearest town) and give neores town) rcersbur NAME DF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? ercersburg YES INO T 3. NAME OF Middle 4. DATE Day Yeor DECEASED (Type ar print) DEATH 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HR Months Days WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? during most of washing life, even if retired) 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEE 5 HOURS PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o) 20. Thrombosis: 5hs. **DUE TO** Canditions, if ony, which ARTERIOSCLEROTIC CORONARY ARTERY SCLEROSIS WITH Sclerosismany gave rise to immediate XXXXXXX THROMBOSTS. years. couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Port II af item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) a. m While Not while of work D. m 21. I certify that I attended the deceased from September, 1939, to August 112, 1959, that I last saw the deceased , and that death occurred at 5:30 M, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL E. Baltimore St., Greencastle, PHYSICIAN'S NAME (Type) WITT.T.TAM C BREWER 22b. DATE THEREO! PURIAL, CREMATION, MAME OF CEMETERY OR CREMATOR 22d. LOCATION (City, Jown, or county) (Stote) AEMOVAL (Specify) 23. FUNERAL BIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR AUG 17

DATE

VAN : TURNO DE . . . the state of the s The first of the control of the cont 

964 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09590

	Reg. 0131, 140.
PLACE OF DEATH COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission)  o. STATE  Maryland  b. COUNTY  Washington
CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Rural -Fairplay Md. 4 month	Rural - Fairplay Md.
	77
I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Boonsboro RFD #1 Md.	Boonsboro Md. RFB #1 YES NO [
NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) John Frank	Howard DEATH Aug. 27 1959
6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B.	DATE OF BIRTH 9. AGE (In your IF UNDER TYEAR IF UNDER 24 HRS.
7.70	Aug. 1 1929   Solit birthdoy  30 yrs.   Months Day Hours Min.
	1 1 1 2 1 July 1 July 1 1 2 0 1 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1
. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTR lyring most of working life, even if retired)	
Farmer Farm	Sharpsburg Md. U. S. A
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Raymond C. Howard	Edna Nichels
no ne unknown) t life was when were ne deter of semina)	FORMANT Address
	r. Raymond Howard Sharpsburg Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Acana of the ONSET AND DEATH
IMMEDIATE CAUSE (6)	wowny 11 her
9/6X DUE TO 1.	1/ /1 /
Conditions, If ony, which) (b)	Teest 1 XX
gove rise to immediate cause	The state of the s
(a), stating the underlying (c)	76
	of right
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (En	nter nature of injury in Part   or Part   of item 18.)
20g. EXTERNAL CAUSE WAS PRIMARY E OF CONTRIBUTING CAUSE OF DEATH.	
The true of the	any of chest
	E OP INJURY (Home, form, 20f. (City or town) (Caunty) (Stote) ry, street, office bldg., etc.)
Hour o. m. While Not while of work at work	Home Thershore Workings Mel
21. I certify that I taak charge of the remains described above	ve, held an Autapsy A, Inspection , Inquiry , and find that
death resulted fram: Natural causes, Accident, Suic	ide , Hamicide , Undetermined cause .
1000	
ACTUAL SIGNATURE / - / C CUCDS	M.D. CHIEF MEDICAL EXAMINER []
SIGNATORE / C	ASSISTANT MEDICAL EXAMINER
EXAMINER'S TATE IN THE	12/29
NAME (TYPE)	DEPUTY MEDICAL EXAMINER
BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR C	
Burial Aug. 30-59 Mt. View Cer	metery   Sharpsburg Maryland
EUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
11/16 to 12 11 Weam unt	Med   DATE SEP 1 '59 ( ) 1 9 4
MUM Dest Wille Magent	Med DATE SEP 1 '59 Critical & Krows

VS. A15ME(5) 5M 9/55

23.

OF A PROMINAL PROPERTY OF WEATHER PARTY OF MEASURE AND AND ADDRESS OF , 7 SHE DETENT Sur tage and the comment of the 10-20-275 in Tarana boosta boosta in Basconisto. AMERICAN TO BE OF THE PRINCIPLE OF THE P

09591

FICATE OF DEATH

Reg. Dist. No.

	9	604		C	ERTI		
death certificate be executed within 24 haurs after death. Toge tending physician and campletely filled in by the funeral errectar please remove Tookan papers. Pages 1 and 2 shauld be filed with vithin 72 fours after death.	1. PLACE OF DEATH o. COUNTY		MARY				
	b. CITY OR TOWN (I RURAL and give no Hager	c. LENGTH OF STAY					
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital						
	3. NAME OF DECEASED (Type or print)	Lula	rst	Agne	Middle		
	female	6. COLOR OR RACE	7. MARR	IED 🔼 NEVE	R MARRIE		
	10a. USUAL OCCUPATION during most of work Seamst	king life, even if retired	1	othin			
	13. FATHER'S NAME	William	P. Y	oung			
	15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16 Pervice) 21	SOCIAL SECT	757		
death ce ittending please r within 72		ATH [Enter only one co	ouse per lin	e for (o), (b)	, ond (c).]		

o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whe		f institution: Residence I COUNTY Was	
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou		, write RURAL ond give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OF INSTITUTION Washington Count;	r Hospital	d. STREET ADDRESS	'irginia	Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Lula	Agnes	Itneyer	4. DATE OF DEATH	Aug. 16	Day Year 19 59
	THE STATE OF THE S	B. DATE OF BIRTH Sept. 12, 18	9. AGE (	In years IF UNDER 1 Y rthdoy) yrs. IF UNDER 1 Y	EAR IF UNDER 24 HRS. ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUS				OF WHAT COUNTRY?
13. FATHER'S NAME William P.	Young	14. MOTHER'S MAIDEN NA	Carr	ie Stahl	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give wor or dates of service		oy E. Itneye	r, Hage	Address rstown, M	d .
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  14 20 / DUE TO  Conditions, if ony, which gave rise to immediate couse (o), stating the under-	per line for (o), (b), and (c).]	my Occles	sion		INTERVAL BETWEEN ONSET AND DEATH THOUGH
Iying couse lost.   (c)					19. WAS AUTOPSY PERFORMED? YES NO
	. DESCRIBE HOW INJURY OCCURRED	o. (Enter noture of injury in re	or For Horner	1 10.7	
Hour o.m.		ACE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f. (City or town)	(Cou	nty) (Stote)
21. I certify that I attended the de alive on 8/15,  ACTUAL ROBERT ROBERT RAME (Type)  PHYSICIAN'S ROBERT ROBERT		7 , 1959, to 3 accurred at 7'5# A		uses and an the d	sow the deceosed ote stated abave. DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	crematory 2	22d. LOCATION (City		(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Son, Hagerstov	24a. REC'D	Hagerston Property of the Prop	46. REGISTRAR'S SIGNA Chilhun S. H	

TO HOSPITAL OR ATTEN GO PH may be retained by the bital of TO FUNERAL DIRECTOR: After this page 3 shauld be detached far us the registrar priar ta burial, crem

VS A15 (4) 15M 9/58

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Carrier Company of the group of the carrier teleform Person P. adambola to Don. Eugen town, Jul. 1. July 1

a fem ading a female

Tome Town

O FUNERAL DIRECTOR: For this certificate has been signed by the attending physician and completely filled in by the functor page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. moy be retoined by the TO FUNERAL DIRECTOR:

VS A15 (4) 15M 10/57

9605

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

09592 Reg. Dist. No.

_										well nis	11. 140.	
1, P	LACE OF DEATH	ashington		MARYL		o. STATE	ence (wh		d lived. If instituti b. COUNTY		ce before or	
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		stown		5 years	0	o3 Hagerstown						
C	OR INSTITUTION		d. STREET AD		rd Ros	ad		0	RESIDENCE ON A FARM?			
3 N	IAME OF	Fir		Middle			T CHICA	4. DATE				
(	Figure 1 (1)	JOSEPH	574	PARKER	5 74	JACKSO	ON	OF DEATH	August		21	19 59
5. S	male	6. COLOR OR RACE	7. MARK	NEVER MARRIED  DIVORCED		ATE OF BIRTH	r 7	000	9. AGE (In years lost birthday) 36 yrs.	-		INDER 24 HRS.
10a.	USUAL OCCUPATI	ION (Give kind of wark	dane 10b.	KIND OF BUSINESS OR				923		12 CITI	IZEN OF W	HAT COUNTRY
6	Salesman	rking life, even if retired	)	erial compa				am, Al			.S.A.	TIAT COUNTRY
13. F	ATHER'S NAME				1	4. MOTHER'S	MAIDEN N	IAME				
		homas S. Ja				Nell	. Mog	ridge				
15. \ [Yes.	WAS DECEASED EV	ER IN U. S. ARMED FOR It yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT			Add	ress		
	yes	W.W.II		05-18-5903	Mrs	. Nell	Jack:	son	Hagers	town,	Mar	yland
	Canditions, if a gove rise to cause (a), stoting lying couse last.	the under-	)	caron	ar	deal	n	les	nely of	7		AND DEATH
No.	PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMIT	NAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY
CATION		Queall	5.									RFORMED?
CERTIFI	(IF EITHER, NOTIFY	AS UNDERLYING DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCC								<u> </u>
MEDICAL	Hour o.m. p.m.	RY Month, Day, Yes	While	NJURY OCCURRED  Not while  of work	0e. PLACE foctory	OF INJURY (H.	ome, form, bldg., etc.	20f. (City	or town)	(C	ounty)	(Stote)
	21. I certify t	hat I attended the	decease	ed fram	+1	219 1	cion Ca	W	19	that I I	ast saw	he decease
	alive an	Riclean	19	Burf	leath oc	curred at_			the causes of reet, city or town,		ne date s	DATE SIGNE
	PHYSICIAN'S NAME (Type)	Richard	T	Binfo	vd		Ha	ge	rstn	n /	· Za	10
220.	BURIAL, CREMATIC REMOVAL (Specify	1 4	F	22c. NAME OF CEMET				22d. LOCAT	ION (City, town,	or county)		(Stote)
B	urial	8/24/195	9	Zachary 1	aylo	r Cem.		Louis	ville		Ker	ntucky
Su	uneral director	er Funeral	Home	ADDRESS Hagerstown	ı, Ma	ryland	240. REC'D	BY REGIST	PAR 24b. REGI	STRAR'S SIG	HATURE HARA	

ing a series of the series of Hazardagn en The all its less what a street was 201 15, 202 . all . mapthiss. Els. THE LOS . T.S.E. T.S.E. public of Market MOTE ST. . LESSEN bearing and the state of the st office of the state of the stat mention in STORY INTOHUS TORING TANS Bank Petrok , swode wather

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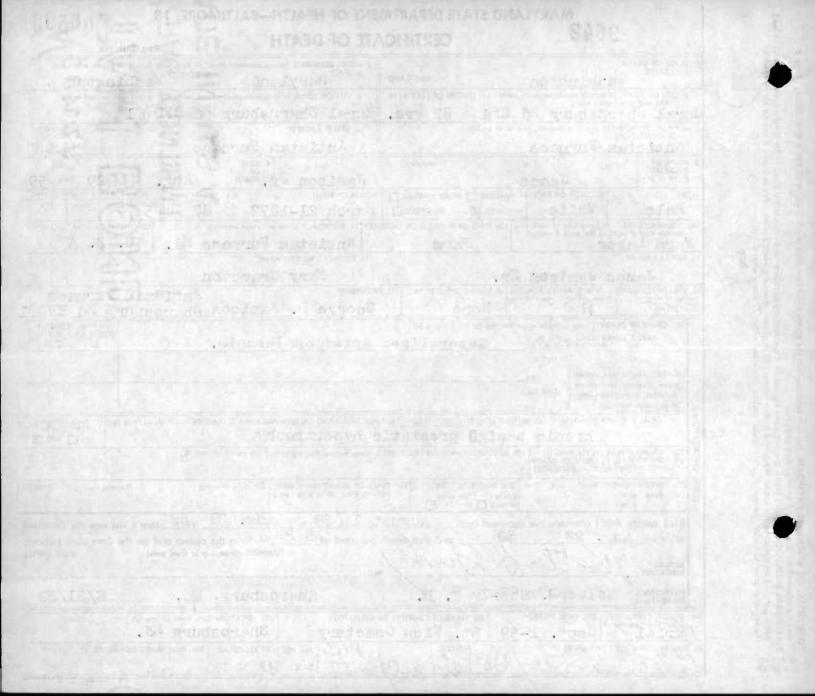
VS A15 (4) 1SM 10/S7

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09593

									_	uas	J. DISI. I	10.	
	ACE OF DEATH COUNTY	ashington		MARYLA	- 11	O. STATE	ence (Whe		lived. If in: b. COL	stitution: Re JNTY Wa	sidence b	efore odm	ission)
b.	CITY OR TOWN	(If outside corporate limits.	write c. LF	NGTH OF STAY IN	1h V	c. CITY OR TO			oto limite su	ita DIIDAI	DILLI	18 001	and a
	RURAL and give	neorest town)										nediesi io	····,
		rpsburg Md		87 yrs	3 . IL	d STREET AC		sour	g ··a	AFD :	#1	1	
	OR INSTITUTION	_	sincer gadres	>>)								ON	A FARM?
A	ntieta	m Furnace				Anti	letam	Fur	nace			YES	□ NO X
DE	AME OF CEASED (pe or print)	James		Middle		Jamiso		4. DATE OF DEATH	A	Month UC.	Fir	Day 29	Year 19 59
S. SEX	K	6. COLOR OR RACE 7	- MARRIED	NEVER MARRIED	☐ B. D	ATE OF BIRTH			P. AGE (In y	ears IF UN		AR IF UN	DER 24 HRS.
I	lale	White w	VIDOWED X	DIVORCED [	) M	arch 2	21-18	72	lost birtho	yrs. Mon	ths Doy	's Hour	s Min.
10a. L	JSUAL OCCUPATI	ION (Give kind of work do	ne 10b. KIND	OF BUSINESS OR I							. CITIZEN	OF WH	AT COUNTRY
Fa	arm Lab	rking life, even it refired)		Farm		Antie						S.	
13. FA	THER'S NAME				1	. MOTHER'S	MAIDEN NA	ME			1111	1	
	Jame	s Jamison	Sr.			Me	ary C	ramp	ton				
IS. W	AS DECEASED EV	ER IN U. S. ARMED FORCE	\$7 16. SOCIA	AL SECURITY NO.	17. INFO	RMANT		-	An	tiet	am F	רוידוו	200
1.00	NO	no.	No	ne	G	eorge	L. J	amis	on Sh	ONDO	him.	- Ma	BED#
CATION	Conditions, if a gove rise to couse (o), stoting lying couse lost.  PART II. OT	ony, which immediate to the under th	TIONS CONTR	meraliz	I BUT NO	RELATED TO	THE TERMIN	IAL DISEASE		1 GIVEN IN		10	S AUTOPSY ORMED?
0 10	F EITHER, NOTIFY	MEDICAL EXAMINER)	b. DESCRIBE	HOW INJURY OCCI	URRED. (E	nter noture of	injury in Po	ort I or Part I	II of item 1B	.)			
MEDICAL	Hour o. m.	10	20d. INJURY While I of work C	Not while	e. PLACE factory	OF INJURY (H street, office	ome, form, bldg., etc.)	20f. (City o	or town)		(Coun	ty)	(Stote)
O Al Si	ctual GNATURE	Nath	59 H. E	om Aug			8 P	M, fram	the caus	es and o		date sta	ted above  DATE SIGNE
22o. BI	URIAL, CREMATIC EMOYAL (Specify	ON, 22b. DATE THEREOF Sept. 1-		NAME OF CEMETER		EMATORY		2d. LOCATIO		wn, or cour	nty)	(Sto	ote)
23. 50	NERAL DIRECTOR	S SIGNATURE	1001	ADDRESS	oh		240. REC'D	BY REGISTRA	AR 24b. I	REGISTRAR"	S SIGNAT	TURE	



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9000	CERTIFICA	ATE OF DEATH	Reg	. Dist. No. 302
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Wh. S. STATE Maryland	ere deceased lived. If institution Res	sidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neasest lown) Hagerstown	c. LENGTH OF STAY IN 16	ond give nearest town)		
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION 209 West Irvin Ave	address)	d. STREET ADDRESS 209 West	t Irvin Ave	•. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) OMER	Middle KI	AYLOR Sr	4. DATE Month OF DEATH August 2'	
5. SEX Male    6. COLOR OR RACE   7. MARR   White   widowi	RIEGENEVER MARRIED	July 20 18	9. AGE (In years let UN Manil 74 yrs.)  9. AGE (In years IF UN Manil 74 yrs.)	NDER 1 YEAR IF UNDER 24 HRS This Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired) Attorney at Law  13. FATHER'S NAME	kind of Business or Indu Lawyer		n Wash Co Md.	USA
Thomas M Kaylor			nah Fahrney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, np. or unknown)   18 yes, give wor or dates of service)	-12-2915		Address LOT JT	
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COJ	ronary thromb		race Hagerstown	n Monterval Between Onset and Death 20 min.
gove rise to immediate (DUSTO	teriosclerotic	heart diseas	e	Indefinite
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS ON NOTE  NOTE  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in F	art 1 ar Part 11 af item 18.)	
A Hour o. m. While		ACE OF INJURY (Hame, form octary, street, affice bldg., etc.		(Caunty) (State
21. I certify that I attended the deceas alive an July 26, 1959  ACTUAL SIGNATURE	ed fram July 3, and that death		ADDRESS (Street, city or town, state)	at I last saw the deceas on the date stated above DATE SIGN 8—28—59

ely filled in by the funer Pages 1 and 2 shauld b certificate has been signed by the attending physician and campletely filled in page 3 should be detached for The registrar prior to burial, TO FUNERAL DIRECTO

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

TO HOSPITAL OR ATTEND

NS.

VS A15 (4) 15M 9/55

Rest Haven Cemetery ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

College Kertle M.D.

PHYSICIAN'S Robert F. Keadle, M. D.

Andrew K. Coffman Hagerstown Md.

220. BURIAL, CREMATION, 22b. DATE THEREOF BUTIAL 8/30/59

23. FUNERAL DIRECTOR'S SIGNATURE

318 N. Potomac St.

Hagerstown, Md.

TY Hagerstown Md. Wash 240. REC'D BY REGISTRAR'S SIGNATURE

22d. LOCATION (City, tawn, or county)

1 '59 DATE SEP

Covins S. France

09594

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15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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		-		1.20	

Reg. Dist. No. on: Residence before admission) Washington

	Reg. Dist. No.
2	o. COUNTY  Washington  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland  b. COUNTY Washington
M	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Smithsburg rural  50 vrs.  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Smithsburg RD 1
X	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OWN Home  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM YES NO
3	NAME OF DECEASED (Type or print)  Niddle E. Kendall  4. DATE Month Day Year OF DEATH August 13 19
	Female  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   8. DATE OF SIRTH  Apr. 3, 1889  9. AGE (In years lost birthday) 70 yrs.  15 UNDER 1 YEAR IF UNDER 24 HOURS Mindle Days Ho
1	10b. USUAL OCCUPATION (Give kind of work done done done doing most of working life, even if retired)  Own Home  Maryland  12.CITIZEN OF WHAT COUNT  Waryland  U.S.A.
	3. FATHER'S NAME William Toms Clara Brown
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address No   (If yes, give wor or dates of service)   220-05-6770   Lester W. Kendall Smithsburg RD1
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediate couse (o), stating the under:  Output  Conditions, of any, which gave rise to immediate couse (o), stating the under:  Output  DUE TO  INTERVAL RETWEET ONSET AND DEAT 15 INTERVAL RETWEET ONSET
	Iying couse lost.   (c)
	20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 While Not while at work at work at work at work at work at work.
	21. I certify that I attended the deceased fram 8-30-54, 19, to 8-13-59, 19, that I last saw the deceased alive on 8-3-59, 19, and that death accurred at 10:30 Pfram the causes and an the date stated about ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE Challes 5. Here M.D. Smithsburg, Md. 8-15-59
1	PHYSICIAN'S NAME (Type) Charles Hess
2	22c. NAME OF CEMETERY OR CREMATION, PARMOYAL (Specify) 8-16-59 Smithsburg Cemetery Smithsburg, Md.
R	Resmond To Criting & Thurmont, Md.  Address  Address  DatAUG 1 9 '59  Cirthy & Kraus

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no.tg//km/sW	Ans Detail		To tank and
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	narylana.	Alexa Mills	a Limite ou
	meets average		1 1007 111111
Selbusters MSI	Linguoz W. 163394	28 - 10 110	
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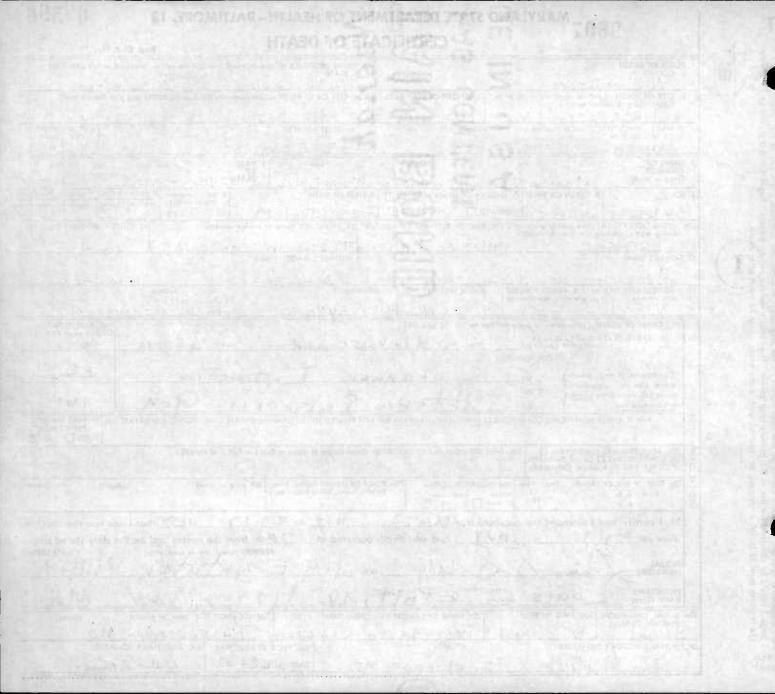
VS A1S (4) 1SM 10/S7

# 9607 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09598

	Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE	before admission)
WASHINGTON MARYLAND	NARYLAND b. COUNTY WASHIN	CTONI
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	
MACERSTANN MD. 15 MINUTES	03 HACERSTOWN	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
MASH, Co. HOSPITAL	1133 ELM ST.	YES NO
3. NAME OF DECEASED (Type or print)	Lost 4. DATE Month OF DEATH ALC LOST AND ALC	Day Yeor
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	MINDACE ACCOL	YEAR IF UNDER 24 HRS.
MALE WIDOWED DIVORCED	FEB 5 - 1884 To yes. Months [	Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU		EN OF WHAT COUNTRY
during most or working life, even if refired)		
LA BORFER HOME CONSTRUCT	114 MOTHER'S MAIDEN NAME	N.A.
	15. MOTHER S MAIDEN HAME	
CLOSEPH KINDALL		MOALL
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (Yes. no. or unknown)   1 (If yes. give wor or dotes of service)   17.	INFORMANT	
No. 220-09-9164 M	LT. EYLER HAGERSTON	MD.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	accular Callanie	ONSET AND DEATH
420.1 DUE TO	1	14/14
Conditions if any which	TANT	2 /4.
gove rise to immediate	THE OFFICE	~ ~ .
couse (a), stating the under lying cause last.	& claroris . Olen	qn:
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
		PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH URLE CONTRIBUTING CONTRIBUTION CONTRIBUT	ED. (Enter nature of injury in Port I or Part II of item 18.)	
	LACE OF INJURY (Home, form, 20f. (City or town) (Concern, street, office bldg., etc.)	conty) (Stole)
Hour o. m. p. m.  19 While Not while of wark		
21. I certify that I attended the deceased fram []	10 Pt in TU 17 10 19 11 11 10 10	at courths does
The state of the s	19.17, to 11.	
alive an 19 , and that death		
ACTUAL Y. X X 1.11	ADDRESS (Street, city or town, state)	8 18 CO
SIGNATURE CAAS	W.D. ITT ENMILEPTAM	11117
PHYSICIAN'S LOUIS G. GRAFT	5, MD. Hagentown	Md.
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	DR CREMATORY 22d (TOCATION (City, town, or county)	(Slote)
REMOVAL (Specify) AUG 20. 1959 REST HAVE		MA
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	NATURE
MARIA		
John C. Wast BOONSBORD	MD. DATE AUG 2 4 '59 Circhur S.	Thank



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certificate

physician

attending

VS A1S (4)

1SM 9/SB

within

executed cample

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certificate

death

the

RURAL and give nearest tawn) Rural Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION Private home Black Rock NAME OF DECEASED JAMES (Type or print) male white 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during mast af warking life, even if retired)

Washington

MARYLAND c. LENGTH OF STAY IN 16 months

Marvland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

Rt.#

Last

2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Frederick

Rural Mversville d. STREET ADDRESS

4. DATE

. IS RESIDENCE ON A FARM? YES NO

Middle H

KLINE B. DATE OF BIRTH

DEATH

Manth August

Manths

Year 19

6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED | WIDOWED

March 10. 1875

9. AGE (In years last birthday)

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Frederick Co. Md.

U.S.A.

13. FATHER'S NAME George

armer

14. MOTHER'S MAIDEN NAME

Susan Dubel

Address

16. SOCIAL SECURITY NO. no none 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).

INFORMANT

Mrs. Ada Kline, Hagerstown, Md. Rt.# INTERVAL BETWEEN

IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the under-

PART I. DEATH WAS CAUSED BY

**DUE TO** Generalized Arteriosclerosis

Coronary Occlusion

General farm

DUE TO

ONSET AND DEATH

2 Hrs

Day,

Kline

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? Pulmonary Emphysema YES NO TO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Year 20d. INJURY OCCURRED While Nat while

20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) factory, street, affice bldg., etc.)

(County)

at wark at wark 21. I certify that I attended the deceased fram.

. ta

\_\_\_\_\_, 1959, that I last saw the deceased

Haur a.m.

\_\_, and that death accurred at \$45PM, from the causes and an the date stated above. Charles F. Hess

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II af item 1B.)

ADDRESS (Street, city or town, state) Smithsburg

(State)

PHYSICIAN'S NAME (Type

22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify

22c. NAME OF CEMETERY OR CREMATORY

Mversville Md

22d. LOCATION (City, tawn, or county)

(State) St. Mark's Lutheran Wolfsville Fred.Co. Md.

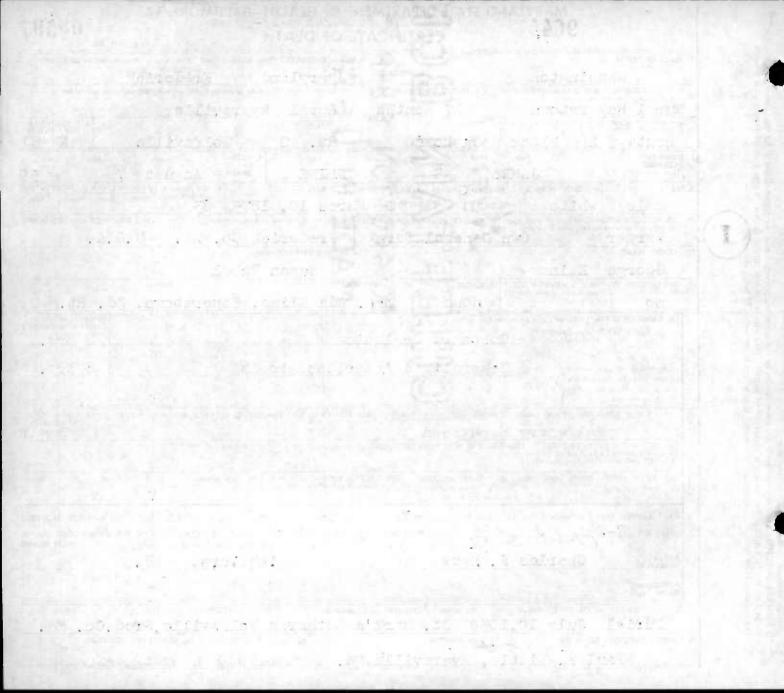
23. FUNERAL DIRECTOR'S SIGNATURE

240 REC'D BY REGISTRAR DATE AUG 1 3 '59

Cithing & House

24b. REGISTRAR'S SIGNATURE

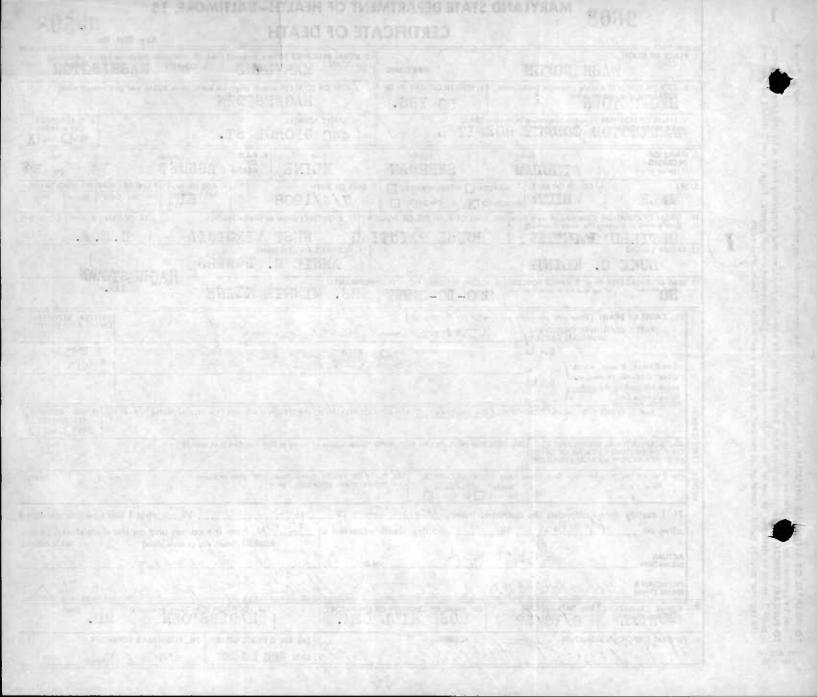




# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

(19598) Reg. Dist. No.

-						Mag. DIST, 140.
1.	o. COUNTY W	ASH INGTON	MARYLAND	2. USUAL RESIDENCE (WHO STATE MARY		tion: Residence before admission) Y WASHINGTON
	b. CITY OR TOWN (I	If outside corporate limits, write egrest town) OWN	c. LENGTH OF STAY IN 16 50 YRS.		nutside corporate limits, write RSTOWN	RURAL and give nearest town)
	WASHINGT	TAL (If not in hospitol, give street ON COUNTY HOS	oddress) SPITAL	d. STREET ADDRESS 440 GEOR	GE ST.	e. IS RESIDENCE ON A FARM? YES NO X
3.	NAME OF DECEASED (Type or print)	WILLIAM	Middle SHERMAN	KLINE	4. DATE Mo OF DEATH AUGUS	Doy Yeor 16 19 59
L	MALE	6. COLOR OR RACE 7. MARK	ED X DIVORCED	8. DATE OF BIRTH 7/4/1908	9. AGE (In years lost bightney)	Months Doys Hours Min.
L	RETTRED	ON (Give kind of work done 10b. king life, even if retired)  PATNTER	HOUSE PAINT		or foreign country) VIRGINIA	12. CITIZEN OF WHAT COUNTRYS
		C. KLINE		ANNIE M		ACEDSTOWN
			social security no. 17, 11 220-10-3283	MRS. MINNI	E KLINE	MD.
		ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ne for (o), (b), and (c).]	ascino.	an of	INTERVAL BETWEEN ONSET AND DEATH
7	Conditions, if o gove rise to in couse (a), stating lying cause lost.	mmediate the under- DUE TO (c)	94	Justin		1/90.
FICATION						IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	While	NJURY OCCURRED  Not while k of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
	21. I certify the alive an	at I attended the deceas	od 110111		M, fram the causes of ADDRESS (Street, city or town	and on the date stated abave, stole)  DATE SIGNED
	PHYSICIAN'S NAME (Type)	2R. HOWARD	N. WEE	KS HAC	ERS TO	wn 140.
220	REPORTION	8/18/59	ROSE HILL	R CREMATORY CEM.	22d. LOCATION (City, fown, HAGERSTOWN	or county) MD (Stote)
23.	FUNERAL DIRECTOR	s signature	ADDRESS /			SISTRAR'S SIGNATURE



TO HOSPITAL OR ATTENDI may be retained by the TO FUNERAL DIRECTOR:

VS A15 (4) 15M 10/57

35

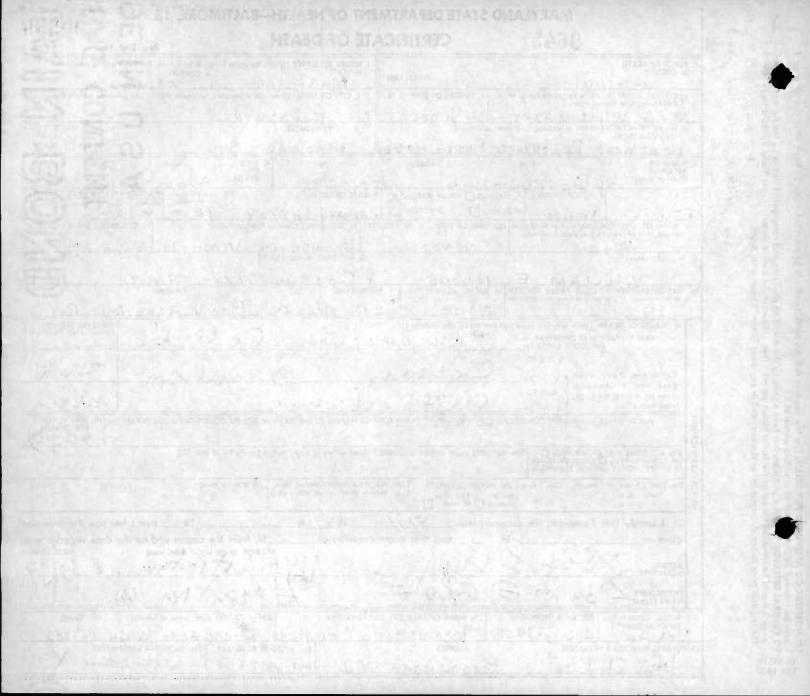
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9645

#### CERTIFICATE OF DEATH

09599

83	1	2030	- CERTITION	TIE OI DEATH		Reg. Di	st. No.
_		PLACE OF DEATH a. COUNTY	BAARVI ANIO	2. USUAL RESIDENCE (Whe		. If institution: Residen	ce before admission)
		WASHINGTON	MARYLAND	MARULAI		WASHI	VATON
		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If at		mits, write RURAL and	give nearest town)
		NEAB WILLIAMSPORT	4 YEARS	IX BOOKS	BORD		
		d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	t oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
9		HOMEYOOD PEFCRMED	CHURCH HOME	POTOMAS	3 5-		YES NO
	,	NAME OF First DECEASED (Type or print)	Middle	Lost	4. DATE OF DEATH	Month	Day Year
	_	\Jm. lm ()   C   lm. l.   A	-NVA	CNODE		AVGUST-	15. 1959
	Э.	SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years IF UNDER Months	Days Hours Min.
		EMALE WHITE WIDOW		JANDARY. 17. 18	589 7	0 yrs. 6	28
)	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10			IZEN OF WHAT COUNTR
	12	FATHER'S NAME	NONE	11200VISIBOL		SIt . Ce. MI	2.4.5.1
	13.	PATREKS NAME		14. MOTHER'S MAIDEN NA	AME		
	10	WILLIAM E.	KNIGOE	CEFAR COL	ANNA	SMIT	4
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16		NFORMANT		Address	
	(14	(If yes, give wor or dates of service)		EON MORGAN	Boo	NSBORD	MD. R.L
		18. CAUSE OF DEATH [Enter only one couse per l	ine for (o), (b), and (c).]	0	<b>&gt;</b> 0	A .	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Co. Al Il Is M	24. In	( 2)	los.	ONSET AND DEATH
١		IMMEDIATE CAUSE (o)	Caronar	4-4- Cha- 1-1			m
		420.1 DUE TO	10	~		A 1	0 1 1 100
		Conditions, if ony, which ) (b)	Canno	9	11.22	YMIN	-MO
		gove rise to immediate DUE TO	- 11	101		44.1	
		lying cause lost.	atter o	1 (1000)			Men
И	Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAI DISEASE CON	DITION CIVEN IN DAD	T VOLEN WAS AUTOPSY
	CATION		CONTRIBUTION TO DEATH SO	THOI KEENIED TO THE TERMIN	AL DISEASE CON	DITION GIVEN IN PAR	PERFORMEDS
	2						YES NO
	CERTIFI	200. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Po	ort I or Part II of	item 18.)	
				CC OC IMMINU III	T		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20t. (City or tav	vn) ((	County) (State
а	ME	p. m. 19 of wo	rk ot work				
		21. I certify that I attended the decea	sed from \$1/2/	1959, ta	•	10 that I	last saw the decease
			-/ 16				
		alive an9_	and that death				he date stated above
		ACTUAL TOWS	KAUN	110/2	DORESS (Street, c	ity or (pwn, state)	DATE SIGN
		SIGNATURE	Y CON!	W.D	[WEVE	MELDI	. 8 12149
1		1-0	CVALLE	1-7-1			
		PHYSICIAN'S COM 15 O	10x477	b b	and our	1mm N	N .
1	220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	226 LOCATION (	City, town, ar county)	(Stote)
	4	REMOVAL (Specify)  AHCOLO 1959	Basses	1	130	10 - 10-	C. L. C. L. C.
	22	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	C EMETIERY	Necoli:	BORG WA	SHI COIMP.
	13.	THE DIRECTOR'S SIGNATURE	ADDKE22	24o. REQ/D	BY REGISTRAR	24b. REGISTRAR'S SIC	
	/	Jan Williasi	JOONS BORD	MD. DATE AU	G 2 4 '59	Cirthun &	Thank



requires that the death certificate be executed within 24 hours after deat

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIM	ORE, 18
9646	CERTIFICATE OF DEATH	

		96	46	CERTI	FICA	ATE OF DEATH	1		Reg. Dist.	No.	99600
	PLACE OF DEATH o. COUNTY Washi	ngton		MARY	LAND	2. USUAL RESIDENCE (WHO O. STATE Maryland	nere decease	b. COUNTY			dmission)
	RURAL and give n			c. LENGTH OF STAY		c. CITY OR TOWN (IF o			RURAL and give	e nearest	town)
	d. NAME OF HOSPI OR INSTITUTION	amsport P TAL (If not in hospital, g Irginia A	ive street			d. STREET ADDRESS			#2		S RESIDENCE ON A FARM? ES NO
	NAME OF DECEASED	Fir		Middle		Lost	4. DATE	Ma		Doy	Year
-	(Type or print) SEX	6. COLOR OR RACE		Elizabet		Landis 8. DATE OF BIRTH	DEATH	9. AGE (In years last birthday)			UNDER 24 HRS.
	Female	White ON (Give kind of work	WIDOW dane 10b.			Nov. 8-188		76 yrs.			VHAT COUNTRY
1	Church FATHER'S NAME	Sect y		Retired		Marlow	e. W.	. Va.		U.S	.A.
2	Jose	oh Landis				Rebec		pple			
	was deceased evi	ER IN U. S. ARMED FOR (If yes, give war or dates of s	HAICE)	social security no.	1 2	r. Robert I	iske	v. Wmspt	ress Pik	e	
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	use per li		· Mar	list virg	nia	Ave Ext	9	INTERVA	AL BETWEEN AND DEATH
	420.0 Conditions, if o	DUE TO		Cum	11	us ast	2	dy	ago o		hen
	gave rise to i cause (a), stating lying cause lost.	mmediate (		arteris	22	levitic	Rear	t dis	ease	,	year
CERTIFICATION		HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GI	VEN IN PART 1	P	WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING	AS UNDERLYING  GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in I	Port I or Par	rt II of item 18.)			
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Manth, Day, Yes 19	While of wor	Not while		ACE OF INJURY (Home, farm ctary, street, affice bldg., etc		y ar tawn)	(Cou	inty)	(Stote)
	1	nat I attended the	deceas	4	-	1952 to 1	7 a	ng 1957			the deceased
	alive on	7. 1	1/	and that	death			m the causes of tawn,		date :	stated above

SIGNATURE,

PHYSICIAN'S NAME (Type) RICHARD BINFORD HAGERSTOWN, MARYLAND 22c. NAME OF CEMETERY OR CREMATORY

220. BURIAL, CREMATION, REMOVAL (Specify) 8/20/59 (Stote) Riverview Cemetery
ADDRESS 240 MSDOTT Wash 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR

Coffman. Hagerstown. DATE AUG 1 9 '59

Orthun S. Knows

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTE

3330 Andrew L. Box Man, Mineralett, Time

(Stote)

DATE SIGNED

(Stote)

**CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) TO WN d. NAME OF HOSPIAL (If not in haspitol, give street oddress)
OR INSTITUTION d. STREET ADDRES e. IS RESIDENCE ON A FARM? 1/1 54164 YES NO 3. NAME OF DATE First Middle Lost Month Doy Year DECEASED (Type ar print) DEATH 195 5. SEX 6. COLOR OR KAKE 7. MARRIED NE ER MARRIED B. DATE OF BIRTH 9. AGE HIT years IF UNDER 1 YEAR IF UNDER 24 HRS. thdoy) Months Dovs Hours Min. DIVORCED | WIDOWED [ yrs. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking lifes even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Addres CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 416X DUE TO Canditions, if any, which (b) gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO IP

shauld 2 filled puo physician attending ā þ should 0

requires that the death certificate

ACTUAL SIGNATURE

alive on

PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

20a. ACCIDENT WAS UNDERLYING

20c. TIME OF INJURY

p. m

Hour g. m

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

DATE THEREOF

Doy, Year

21. I certify that I attended the deceased from

20d. INJURY OCCURRED

Not while

ot work

While

at work

22c. NAME, OF CEMETERY OF CREMATORY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port 1) of item 18.)

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

factory, street, office bldg., etc.)

5

and that death occurred at aid was, from the causes and an the date stated above

ADDRESS (Street, city or town, state)

10CATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

(County)

\_\_that I last saw the deceased

arthur S. Thomas

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Della Tarre La Carre	Action to the second
As ideal the same of the same	
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	The same of the sa
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	and the second s
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	CAPTER STREET STREET STREET STREET
	KALLEY TOWN OF THE STREET
	The state of the s

CERTIFICATE OF DEATH

09602

		CERTIFIC	AIL OF DEATH		Reg. Dist. No.	302
1. PLACE OF DEATH o. COUNTY Washington		MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution Washing't		odmission)
b. CITY OR TOWN (If outside of RURAL and give nearest flown Hagerstown	1)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	utside carporate limits, write RL	JRAL and give near	est fown)
d. NAME OF HOSPITAL (If not OR INSTITUTION Jackson Conv	in haspital, give street	oddress)	134 W. Was		•	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) GRA	First CE	ROUSKULP	LEWIS	4. DATE Mont OF DEATH August		Year 19
Female Wh	ite widow		B. DATE OF BIRTH  July 27 18'	77 82 birthdoy) yrs.		Hours Min.
during most of working life, e Housewice	tind of work dane 10b. ven if retired)	Own Home	Hagers tow:	n Wash. Co	USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
Saml Edw Rou	skulp		Sarah El.	len Brill		
15. WAS DECEASED EVER IN U. S. (Yes, no, or unknown) (If yes, give	ARMED FORCES? wor or dates of service)			ray 320 So l		St
Canditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.	DUE TO  (b)  DUE TO  (c)	I typra teusic		erotic heart	disting in	elays-
OCATION TO THE PERSON THE PERSON TO THE PERS		Babeta	mrs1itus.	nal disease condition give		PERFORMED?
	LYING   20b. DES E OF DEATH EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	art I ar Part II of ijem IB.)		
20c. TIME OF INJURY Month Haur a. m. p. m.	Day, Year 20d. I While of war	Not while fo	LACE OF INJURY (Home, farm, actory, street, affice bldg., etc.)	20f. (City or tawn)	(County)	(State)
21. I certify that I att olive on	ended the deceas SJA, 12: Lu JJHo		A CONTRACTOR OF THE PARTY OF TH	A. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	state)	e stated above
	n H. Hornb					
Burial 8	7/59		Cemetery 1	22d. LOCATION (City, town, o lagerstown W	ash Co l	
23. FUNERAL DIRECTOR'S SIGNAT	The second secon	ADDRESS		;= À	TRAR'S SIGNATURE	
Andrew K. C.	olimen Ha	gerstown Md	e DATELIG	6 '59 arth	un di Mana	

DATEUG 6

D FUNERAL DIRECTOR Kiter this certificate has been signed by the attending physician and completely filled in by the funer page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. TO HOSPITAL OR ATTEND may be retained by the TO FUNERAL DIRECTOR VS A15 (4) 15M 9/55

NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death



CERTIFICATE OF DEATH

09603

		- CERTIFIC	ALL OF DEATH			Reg. Dist. No	4
1. PLACE OF DEATH a. COUNTWAS	hington	MARYLAND	2. USUAL RESIDENCE (W	/here deceased li	ived. If institution b. COUNTY	Residence before Washi	
b. CITY OR TOWN RURAL and give Rural	(If autside carporate limits, v nearest town) Hagerstown	3/	c. CITY OR TOWN (IF		te limits, write RUR Zerstowi		arest town)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, give	street address)	d. STREET ADDRESS Rout				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Wilber	Middle Holland	Lewis	4. DATE OF DEATH	Month August	10	y Year 19 5
5. SEX Male	9493 9 4	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH Feb. 28. 18	887		Months Days	Hours Min.
Farm (	TON (Give kind of wark dane orking life, even if retired) Owner	10b. KIND OF BUSINESS OR IND	Samples	Manor	Md	12. CITIZEN O	F WHAT COUNTRY
3, FATHER'S NAME	erome T. L	ewis		ie V. W	Vinks	o Vi	
15. WAS DECEASED EV (Yes, no, or unknown)	/ER IN U. S. ARMED FORCES (If yes, give war or dates of service		rs. Anna B.	Lewis	Hag.	Rt.	1
Canditians, if gave rise to couse (a), stoting lying cause last	g the under-	Cardio/	Varenler			(	5 quay
CATIC		ONS CONTRIBUTING TO DEATH BU				N IN PART 1(o)	PERFORMED?
OR CONTRIBUTIN	IG CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Manth, Day, Year		PLACE OF INJURY (Home, far foctory, street, affice bldg., et	rm, 20f. (City a		(Caunty)	) (Stote
	10	ceased fram	19 19 to C	M, fram th	ne causes and et, city ar town, st	an the date	
PHYSICIAN'S NAME (Type)	ION, 22b. DATE THEREOF	Ditto Jr.	OR CREMATORY	erstown 22d. LOCATIO	ON (City, tawn, or	caunty)	5/11/39 (State)
BUTIAT  23. FUNERAL DIRECTO  Scott F.	0-13-39	Mt. View Co	24a. REC	Shar AUG 1 4 5	77	RAR'S SIGNATU Thun S. Kr	

may be retained by the spital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral arrector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat TO HOSPITAL OR ATTER VS A15 (4) 15M 9/5B

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	rough was alwel	Holland.	red11%	
	22. 28, 1887 22			
	Sangled Canor No		Cymer	
	1	12	orome T. Law	

09604

	0011		CERTIFIC	AIL OF D	EAIII			Reg. D	ist. No		
	ngton		MARYLAND	MET. AT	and		b. COUNTY	lash:	ing	ten	
RURAL ond give no	0.00.0	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TO			ote limits, write R		give ne	arest taw	1)
OR INSTITUTION	AL (If not in hospitat, g		ddress)	/ d. STREET ADI			Ave				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fir		Middle	Last		4. DATE OF DEATH	Mon	th	Do	,	Year
5. SEX	Lurty	7. MADDI	ED NEVER MARRIED	Mack 8. DATE OF BIRTH			P. AGE (In years	IF UNDE	R I YEAR		19 <b>59</b> ER 24 HRS.
Male	Colored	WIDOWE		Mar 20	1888		last birthday)	Manths	Doys	Hours	Min.
during most of worl	1 7 7 7 7 7 7 7	dane 10b. I	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLAC	CE (State o	or fareign cou				F WHAT	COUNTRY
Jani tern		01	ty Eall	14. MOTHER'S M	AAIDEN N			U	BA,		
Unknew					now						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	F 110 41		Add	ress			
(Yes, no or unknown)	(If yes, give wor or dates of s		4-09-8213	Mrs. Ell	la Ma	ack 4	10 Sume	ns	ATE		
	ATH [Enter anly one co	use per line	for (a), (b), and (c).]						INT	ERVAL BE	TWEEN
Conditions, if o gove rise to i cause (a), stating lying cause last.	mmediate (	)									
PART II. OTH		-	ontributing to DEATH BE Lerotic Car			Disease Disease		EN IN PAI	RT 1(o)	PERFC	AUTOPSY PRMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter nature of i	injury in Po	art I ar Part	Il of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	ar 20d. IN While at wark	Not while of work	PLACE OF INJURY (Ho factory, street, affice t	bldg., etc.)				(Caunty)		(State)
	at I attended the	decease	117111111111111111111111111111111111111	th accurred at	1:40	M, fram	14,1959 the causes o	ind an I		ite state	
ACTUAL SIGNATURE	ran	0	il	м.р. 119	N. F	otoma	ac Stre	et		8-1	7-59
PHYSICIAN'S NAME (Type)	R.A.B		M.D.	Hage	rsto	wn, l	Marylan	d.			
20. BURIAL, CREMATIC REMOVAL (Specify) Burial			22c. NAME OF CEMETERY Rose Hill	OR CREMATORY Cemetery		-	ON (City, town, or town, or		yla	(Stot	(e)
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			BY REGISTR					101111
TOP R	Water	W	agenthing =	and o	DATEAUG	1 9 '59	and	hun S.	/inall	A	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death may be retained by the TO FUNERAL DIRECTOR VS A15 (4) 15M 9/55

Page 4

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081

may be retained by the spital ar attending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funer page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the registrar priar to burial, crematian, or remaval, and in any event within 72 hours after death.

Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09605 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Washi	ngton	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryla:	b. C	institution: Residence OUNTY Washin	before admission)
b. CITY OR TOWN (If outside RURAL and give nearest to Hagerstown	e corporate limits, writ	c. LENGTH OF STAY IN 1b		autside corporate limits,	write RURAL and give	ve nearest tawn)
d. NAME OF HOSPITAL (IF A OR INSTITUTION 202 Summi	t Ave.	eet oddress)	d. STREET ADDRESS 202 Su	mmit Ave.		IS RESIDENCE     ON A FARM?     YES    NO     NO     NO     NO     NO     NO
3. NAME OF DECEASED (Type or print)	First AGNES	Middle IOLA	lost MART IN	4. DATE OF DEATH	Month August	Doy Year 31 19 59
	ort. s	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Oct.6,1906	9. AGE (Illost bir		YEAR IF UNDER 24 HRS. Days Hours Min.
10o. USUAL OCCUPATION (Giver during most of working life Office WO	, eyen if retired)	ob. KIND OF BUSINESS OR INDU Fairchild Aircra		town, Md.	12. CITI2	EN OF WHAT COUNTRY?
13. FATHER'S NAME Howard	F.Stickle	r	14. MOTHER'S MAIDEN	runkleton		
15. WAS DECEASED EVER IN U. (Yes, no. or unknown) NO	S. ARMED FORCES?		M.F.Martin	202 Summit	Address Ave . Hager	etown, Md.
Conditions, if any, wh gave rise to immedicause (o), stating the unclying cause last.	DUE TO  ich ole der:  (b) DUE TO (c)	AS CONTRIBUTING TO DEATH BUT		MINAL DISEASE CONDITI	ON GIVEN IN PART	ONSET AND DEATH  1(0) 19. WAS AUTOPSY PERFORMED? YES NO.
200. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY Mon Hour o. m.	USE OF DEATH AL EXAMINER) onth, Doy, Year 200	1-	D. (Enter nature of injury in ACE OF INJURY (Home, for ctory, street, office bldg., et	rm, 120f. (City or town)		ounty) (Stole)
21. I certify that I dealive an aug	ittended the dece	eased fram 2-6-57	19, 168= n accurred at 10 4	ADDRESS (Street, city of	uses and an the	e date stated above.
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Pau	l Harrison,	M. D.		otomac St.		9 <b>–1–</b> 59

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death VS A15 (4) 15M 9/55

the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death

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Fire GA AND STREET STORY THE RESIDENCE OF THE RESIDENCE OF THE PARTY 8091.8.160 Figure Clare Cold . . . Nine T purple of the service Rest Howard Puservill Charged Inc. Herent Love, How one

24b. REGISTRAR'S SIGNATURE

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A DATE AUG 2 4 '59

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		VENTON COMMUNICATION	Vide in the
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CERTIFICATE OF DEATH

3014			K	eg. Dist. No. OOS
1. PLACE OF DEATH  o. COUNTY  THE DEATH	MARYLAND	Q. STATE	here deceased lived. If institutions b, COUNTY	
Washington		Maryland	Washingto	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RUR/	AL and give nearest town)
Hagerstown	2 Weeks	03 Hagers	town	
d. NAME OF HOSPITAL (If not in hospitol, give street or Institution Wash County Hospital	oddress)	d. STREET ADDRESS	st Church St	o. IS RESIDENCE ON A FARM?
wash country hospite	3. <u>1</u>	1 221 Mes		YES NO
3. NAME OF DECEASED (Type or print) HELEN	REBECCA Mo	CNAMEE	4. DATE Month OF DEATH August	21 1959 19
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
Female White wow	ED DIVORCED	July 16 189	4 65 yrs.	lonths Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	. KIND OF BUSINESS OR INDU:	Hagers to		12. CITIZEN OF WHAT COUNTRY
	MII HOME			
3. FATHER'S NAME		14. MOTHER'S MAIDEN		
Harry G. Nail		Betty	E. Golden	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no. or unknown) (If yos, give war or dates of service)	nable to Locate	nformant Mrs Mildred	Benchoff Cas	cade Md.
18. CAUSE OF DEATH [Enter only one couse per li				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	0.00	el. o.	1	ONSET AND DEATH
IMMEDIATE CAUSE (o)	augnux	ruan lio	sa	Lucus
332 X DUE TO		2 1		
Conditions, if ony, which (b)	Seulal	arterio	scleran	c longue
gove rise to immediate couse (a), stating the under-		0.	./	0
lying couse lost. (c)	(andrac	decoupe	us o team	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO -
20g. ACCIDENT WAS UNDERLYING   20b. DES	SCRIBE HOW INJURY GOORRE	D. (Enter nature of injury in	Port Lor Port II of item 18.1	1.20 1.00
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TOTAL THOUSAND COUNTRY	b. Jenier harore or injury in		
3 20c. TIME OF INJURY Month, Day, Year 20d. I		ACE OF INJURY (Home, for		(County) (Stote)
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. 19 of wor	HOLWINE	ctory, street, office bldg., et	c.)	
21. I certify that I attended the decease	sed from Hus G	, 1959, to	Fuz 21 , 1959,1	hat I last saw the decease
alive an True 20 19	57, and that death	accurred at & 42	M, fram the causes and	an the date stated above
3	0 1./	K	ADDRESS (Street, city or town, sto	le) DATE SIGNE
SIGNATURE cluar la	DiHOTEL	M.D. 217W	· was hing for	n St 8/21/5
PHYSICIAN'S Edward W	Dittom	Hoge	ers town, &	'd
220. BURIAL, CREMATION, 22b. DATE THEREOF BUTTEL (Specify) 8/23/59	Rest Haven		22d. LOCATION (City, town, or of Hagerstown	
	ADDRESS			
23. FUNERAL DIRECTOR'S SIGNATURE			ILO O E ICO	AR'S SIGNATURE
Andrew V Coffman Un	manatama Ma	D.T. B	1111 / 2 2 2 2 1 1 /7 11	0 10

may be retained by the spital or ottending physician.

D FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the funer page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours often death. G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.) TO HOSPITAL OR ATTE may be retained by the TO FUNERAL DIRECTOR

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96	S15		ATE OF DEATH	-BALIIM	OKL, I	Reg. Dist.		608
1. PLACE OF DEATH a. COUNTY WA	SHINGTON	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE MARYI				before odmiss NGTON	
b. CITY OR TOWN ( RUPAL and give of HAGERST	If outside corporate limits, write egrest town)	c. LENGTH OF STAY IN 16 30 YRS.	c. CITY OR TOWN (IF OU A) HAGERS		mits, write RL	JRAL and giv	e nearest town	n}
d. NAME OF HOSPII WASHINGT	ON COUNTY HOS	oddress) SPITAL	d. STREET ADDRESS 126 RANDOL	PH AVE	•		e. IS RES ON A YES	SIDENCE A FARM? NO [X]
3. NAME OF DECEASED (Type or print)	JOHN First	Middle WILLIAM	lost MILLS	4. DATE OF DEATH	AUGU		-	Yeor 19 59
5. SEX MALE	WHITE WIDOW		8. DATE OF BIRTH 3/8/1892	9. AG	E (In years bulleday) yrs.		YEAR IF UND	ER 24 HRS. Min.
RETIRED	ON (Give kind of work done 10b. king life, even if retired) FARMER	OWN FARM	STRY 11. BIRTHPLACE (State o				I.S.A.	COUNTRY
13. FATHER'S NAME ANDREW	J. MILLS		FANNIE	POFFE	NBERG	ER		
	(If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. I	MRS. MARY	T. MIL		AGERS	TOWN MD.	
	ATH [Enter only one cause per link ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		EMIA				INTERVAL BE	TWEEN
570.  Conditions, if a gave rise to i couse (a), stating lying cause lost.	ny, which mmediate DUE TO	lijatu	é dutiste	e Ob	livel	Š	30	on
PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CON	DITION GIVI	EN IN PART 1	(a) 19. WAS PERFC YES	DRMEDR
	AS UNDERLYING TO 20b. DESIGN MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	art I or Port II of	item 18.)			/
20c, TIME OF INJUR Hour a.m. p. m.	While	NJURY OCCURRED 20e. PL Not while at working	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or tov	vn)	(Cou	unty)	(State)
21. I conity the	nat I attended the deceas			fy, from the		nd on the	st saw the	
ACTUAL SIGNATUREPHYSICIAN'S NAME (Type)	DI	7. Boy	ER 1	357	do	POT.	57	.59
220. BURIAL, CREMATIC		MT. VIEW		22d. LOCATION (	City, town, o		MD <sub>e</sub>	le)
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	/, /	BY REGISTRAR		TRAR'S SIGN	4 -	

moy be retained by it spital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funer page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

VS A1S (4) 15M 9/SS

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death.

Page 4

## 9648 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE C o. COUN		Washingt	on	MARYLA		O. SIAIL	ENCE (Whe		lived. If ins b. COU	titutian: Resider	oce before o		V
RURAI	L and give no			ENGTH OF STAY IN	N 16				rate limits, wr	ite RURAL and	give neares	t town)	
d NAM	E OF HOSPIT	erstown,  AL (If not in hospital,	IVIQ •	**)				161.08	COMIT	8	) X - 5	5	
OR IN	STITUTION	Gateway				d. STREET AC	DDRESS					IS RESID	ARM?
3. NAME C DECEASI (Type or	ED		nie	Middle Bowly		Morg	an	4. DATE OF DEATH	Augus	Month It	1st		59.
5. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	KIX B. DA	ATE OF BIRTH			9 AGE (In ve	IF UNDER	1 YEAR IF		
Fema.		White	WIDOWED [	DIVORCED		ov. 20	th 1	893.	last birthde	угв. 8.	11	lours	Min.
during	. OCCUPATIO most of work	N (Give kind of work ing life, even if retired	done 10b. KIND	OF BUSINESS OR	INDUSTRY				ountry) lstown		US US	BA.	OUNTRY?
13. FATHER	S NAME				14	MOTHER'S						-	
		e Charles							ell Bo		-	lec	)
15. WAS DE	CEASED EVE	R IN U. S. ARMED FOR If yes, give wor or dates of t	RCES? 16. SOCIA	AL SECURITY NO.		. Aug			nerdst llips	(Sis	w. ter)	va.	
1B. CA		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	110	(a), (b), and (a).]	rd	iac	_ (	Fee	ilu	ie_	INTERV	AL BETY	
3.	3/X litians, if a	DUE TO	(81	ebra	el	He	m	-,			3	4	20.
	rise to in (a), stating to cause last,	nmediate (							MALE	DE LET		0	
Z	PART II. OTH	ER SIGNIFICANT CON		BUTING TO DEAT	H BUT NOT	RELATED TO	THE TERMIN	IAL DISEASE	CONDITION	GIVEN IN PAR	T 1(a) 19 \	WAS AL	ITOPSY
2											F	ES	MED?
OR COL	CIDENT WA NTRIBUTING IER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	CURRED. (En	ter nature of	injury in Po	ort I or Port	II of item 18.	)	Jan P.		
	OF INJUR OUT O. m. p. m.	Manth, Day, Ye	White I	OCCURRED 20 Nat while of wark	Oe. PLACE C factory,	OF INJURY (H street, affice	ome, farm, bldg., etc.)	20f. (City	or town)	(0	County)		(State)
21, I alive	11-	at attended the	deceased fr	om Ju	ly /	6,19.5.9	10/1	M from	the cause	5. /,that I	last saw		
ACTUA SIGNAT	TURE	dvid	REI	ewer	M.D.	030			Clec		brin		E SIGNED
PHYSIC NAME	IAN'S [Type]	David	RIB	rew	er					7	8/	4/	59
		, 22b. DATE THEREC	OF 22c.	NAME OF CEMETI	ERY OR CRE	MATORY		22d. LOCAT	ION (City, to	wn, or county)		(State)	7
Bur	AL (Specify)	Aug.5th	159.	Elmv	boow					stown		4	Va.
23. FUNERA	L DIRECTOR'S	SIGNATURE	^	ADDRESS			24a. REC'D	BY REGIST		EGISTRAR'S SIG	4		
mel	in 1	Stride	- Eh	Il In		1/14	DATE AL	JG 1 0	59	arthur	8 H.	4	

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral PO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remove Carbon papers. Pages 1 and 2 shauld be the registrar priar to burial, cremation, ar remaval, and in any event within 72 fours after death.

TO HOSPITAL OR ATTEND may be retained by the TO FUNERAL DIRECTOR: VS A15 (4) 15M 10/57

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	CERTIFICA	TE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	n: Residence before admission) WASH.
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) HAGERSTOWN	c. LENGTH OF STAY IN 16  3 WEEKS	· ·	tside corporote limits, write RU BIG SPRING	RAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stor INSTITUTION JACKSON NURSING		/ d. STREET ADDRESS RURAL BIO	G SPRING	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CARRIE	MUI	RRAY	4. DATE Month OF DEATH	Day Yeor 7 1959
TOTOMAT TO TATUTO TO	MARRIED NEVER MARRIED DIVORCED DIVORCED	JAN 27, 190		Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUS OWN HOME	TRY 11. BIRTHPLACE (Stote o	•	U.S.A.
JAMES SHOEMAKER		14. MOTHER'S MAIDEN NA	w	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, po polynown) (If yes, give war or dates of service)		IARLES H. MU	RRAY BIG SI	PRING, MD.
18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  ULF TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  [Columnia	Coronary	o celus i silusti	Geart de	interval between onset and Death  S-4  whene logi
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	INS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	ial disease condition give	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Po	ort I or Port II of item 18.)	
Hour o.m.	Od. INJURY OCCURRED  /hile Not while work of work	CE OF INJURY (Home, form, fory, street, office bldg., etc.)	20f. (City or town)	(County) (State
21. I certify that I attended the decolive on Taylor SIGNATURE Chrane W				hot I last sow the deceased on the date stated above that I some t
PHYSICIAN'S Edward NAME (Type) Edward 220. BURIAL, CREMATION, 22b. DATE THEREOF	w. Jetto I	TAD H	agess town	, yd
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 8/10/59	STONE BRIDE	GE DUNKARD	22d. LOCATION (City, town, or HANCOCK,	

may be retained by the Marbital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral arrector, to FUNERAL DIRECTOR: After this certificate has been signed by the attended compares. Pages 1 and 2 should be filed with TO HOSPITAL OR VS A1S (4) 1SM 9/SB

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

in any event within 72 hours after

the registror priar ta burial, cremation, ar remayal, and

23. FUNERAL DIRECTOR'S SIGNATURE

CLARK

F.

**ADDRESS** 

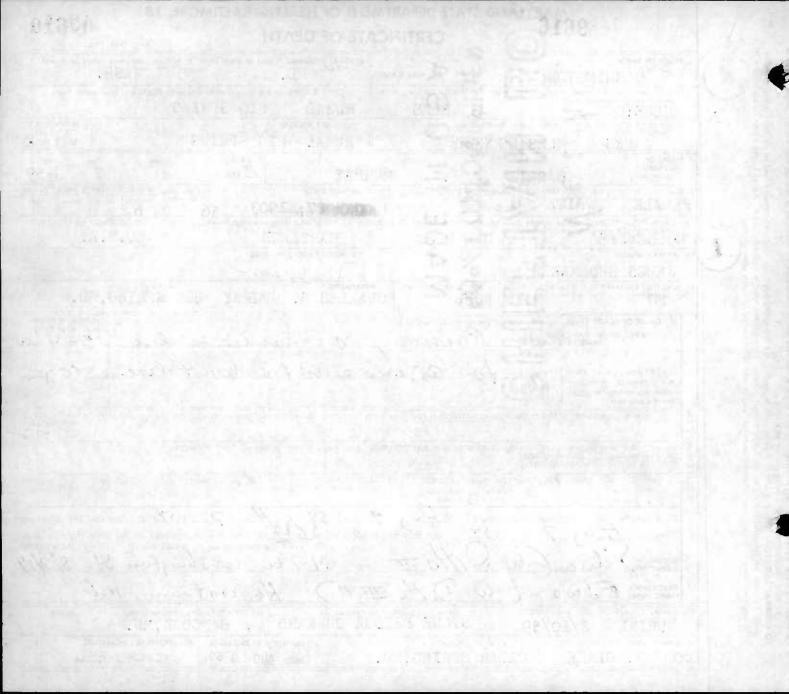
24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

CLEAR SPRING, MD.

DATE AUG 1 3 '59

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CERTIFICATE OF DEATH

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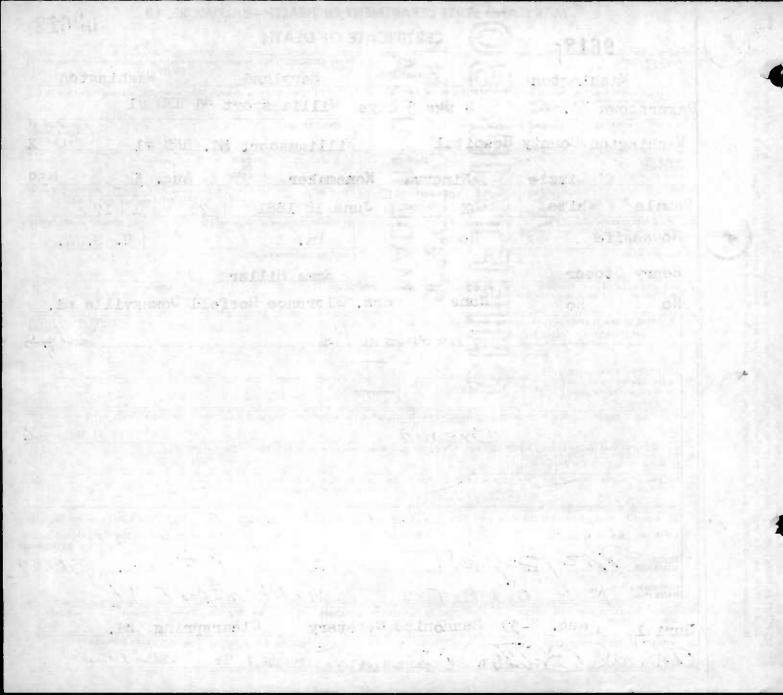
9618	CERTIFICA	IE OF DEATH	Reg.	Dist. No.
1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE Maryland	b. COUNTY Was	hington
b. CITY OR TOWN (If outside carporate limit RURAL and give neares havn) Hagers town Md.	s, write c. LENGTH OF STAY IN 16 4 wks 3 day	c. CITY OR TOWN (If outside of X Williamspo)	orporate limits, write RURAL on RFD #1	d give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, gi OR INSTITUTION Washington County		/d. STREET ADDRESS Williamsport	Ma. RFB #1	e. IS RESIDENCE ON A FARM YES NO
3. NAME OF First OFCEASED (Type or print)	20.	Last 4. DA	TE Month	Day Year 19 <b>5</b> 9
5. SEX Female 6. COLOR OR RACE White		June 18 1881	9. AGE (In years le UND lost birthday) Months	ER 1 YEAR IF UNDER 24 H
100. USUAL OCCUPATION (Give kind of work of Housewife even if retired)	Home	TRY 11. BIRTHPLACE (State or forei		J. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Henry Stoner		Emma Mille		CONTROL OF THE REAL PROPERTY.
15. WAS DECEASED EVER IN U. S. ARMED FORCE    Yes, no. or unknown    If yes, give wor or dates of se	ovice) e e	s. Florence Ho	sfeld Downsv	ville Md.
18. CAUSE OF DEATH [Enter only one cou PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	use per line for (a), (b), and (c).}	ritis		ONSEL AND DEAT
492 X DUE TO				1
Canditions, if any, which gove rise to immediate  DUE TO				
lying cause last.				
7	DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOP PERFORMED? YES NO
	20b. DESCRIBE HOW MURY OCCURRED	. (Enter nature af injury in Port I or	Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yea Haur o. m. 19		CE OF INJURY (Home, farm, 20f. ary, street, affice bldg., etc.)	(City ar town)	(County) (Sto
21. I certify that I attended the	54	, 19 29, to aug		last saw the deceas
alive on aug 2	_, 19 99, and that death		am the causes and an t	he date stated aba DATE SIGN
ACTUAL SIGNATURE	enter!	1.D. 28 W.	Potomas	8/6/3
PHYSICIAN'S M. E. B	PYRKIT	Willia	MSPORT, MO	1
220. BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify) Aug. 8-	Tare Time of Comercial Or		earspring M	r) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY RE	GISTRAR 24b. REGISTRAR'S	
Clamal Dul	Wer sullan	DATE AUG 7	159 arthur	8. Kinus

and campletely filled in by the funeral director, bon papers. Pages 1 and 2 shauld be filed with PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO HOSPITAL OR ATTENDATES PHYSICIAN: The law requires that the death certificate be exmay be retained by the Expital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detached for use as the burial-transit permit. Then please remove carbanthe registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs often

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VS A15 (4) 15M 9/5B



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Circhan & France

CAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY Washington MARYLAND Marvland Washington b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negrest lown) Life Rural 1 Hancock Md. Hancock Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Home Hancock Marvla NAME OF DATE First Middle Month Day Year DECEASED (Type or print) DEATH 8 25 59 Allen Andrew Norris 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years 5. SEX IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED | DIVORCED I yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Labor Orchard shor Orchard Washington County Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John C. Norris Minnie B Jerome 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 7 Hancock Md. 218-10-8997 Wilbur Trail Rural 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise la immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO Z 20g. EXTERNAL-CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., Not while at wark at work p. m. 21'. I certify that I took charge of the remains described above, held an Autopsy ... Inspection An Inquiry Accident Suicide death resulted from: Natural causes Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | EXAMINER' NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION. (22b. DATE THEREOF 22c. NAME OF COMMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify) Methodist Little Orleans **FUNERAL DIRECTOR'S SIGNATURE** ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

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arwarded to the Cities FUNERAL DIRECTOR:

named to the transfer has been product to the majority room. The second of the total of the Language of the control of the cont at sody and the wanted of the

	0010						Reg. Dist	, No.	
1. PLACE OF DEATH o. COUNTY	Washingt	on Maryla	11 0 1	JAL RESIDENCE (WISTATE Md.		lived. If institution b. COUNTY		hing	
b. CITY OR TOWN RURAL ond give Hager		c. LENGTH OF STAY IN	11b c. 6	Smiths		ate limits, write RL	URAL and gi	ve nearest	town)
OK INSTITUTION	ngton Count	street address)	/ d.	STREET ADDRESS				0	RESIDENCE IN A FARM? S NO
3. NAME OF DECEASED (Type or print)	Jacob	Middle	Pr	yor	4. DATE OF DEATH	Mani A U (		Doy 24,	Year 19 59
s. sex male	74107 40	MARRIED NEVER MARRIED	B. DATE	of BIRTH 9, 1887		9. AGE (In years lost birthday) 72 yrs.			INDER 24 HRS.
10a. USUAL OCCUPAT during most of wo trac.	rking life, even if refired)	railroad		BIRTHPLACE (STOTE FOXVILLE			12. CITI	ZEN OF W	HAT COUNTRY
13. FATHER'S NAME	Upton Pryor		14. N	NOTHER'S MAIDEN I		erva Bea	arsni	der	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES			y A. Pr	yor, S	Addr Smiths by		Md.	
PART I. DE  420. Canditians, if gove rise to couse (a), stating lying cause last	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ony, which immediate the under DUE TO	per line for (o), (b), and (c).]  Coronary  Generali			eleros	is		ONSET A	yrs.
САТІС		D. DESCRIBE HOW INJURY OCC					EN IN PART	PE	AS AUTOPSY ERFORMED?
	IRY Month, Doy, Year	20d. INJURY OCCURRED 20 While Not while at wark of work	e. PLACE OF factory, stre	INJURY (Home, form set, office bldg., etc	20f. (City	or town)	(Ca	ounty)	(State)
21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the de 3-24-59 harles In.	eceased fram 1-3- 19 , and that d	eath accur		M, fram	eet, city or lawn, s	nd on th	e date s	the decease tated above DATE SIGNE 26-59
220. BURIAL, CREMATION REMOVAL (Specify DUT 181	ON, 22b. DATE THEREOF 8-27-59	22c. NAME OF CEMETE Smithsbur				ON (City, town, o			(Stote)
23. FUNERAL DIRECTOR Scott F.		ADDRESS Son, Smithsh	ourg,	Md . DATE	D BY REGISTR	AR 24b. REGIS	TRAR'S SIGI		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; may be retained by the spital or attending physician.

TO FUNERAL DIRECTOR when this certificate been signed by the attending physician and campletely filled in by the fundation page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

Page 4

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

119615

CERTIFI	CATE OF DEATH  Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY WASHINGTON MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY WASHINGTON
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	
MEAR + UNISSTOWN RISYEARS  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION	MEAR FUNKSTOWN RURAC  O. IS RESIDENCE ON A FARM?
HAGERSTOWN MD. R. 3	HAGERSTOWN MD. R.3 YES NO
3. NAME OF DECEASED (Type or print) MA 13 4	REESE 4. DATE Month Day Year OF DEATH RUGUST - 17 - 1959
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   TEMALE   WHITE   WIDOWED   DIVORCED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday)  Months Days House Man
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IN	67-17-0-1001
HOUSE WIFE OVVA HONG  13. FATHER'S NAME	E WASHINGTON COUNTY MD WIS.A.
JOHN SPESSARD	044
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11	7. INFORMANT Address
(Yes, no. or unknown) (If yes, give war or dates of service)	ALBERT W. REESE HAGERSTOWN ND. R.3
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ONSET AND DEATH
422, DUE TO	
Conditions, if any, which ) (b) Cardin /	Lacules Diseine 4 9cm
gove rise to immediate cause (a), stating the under-tying cause lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	RRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 White Not while of wark at wark	PLACE OF INJURY (Home, farm. 20f. (City or town) (Caunty) (State) factory, street, affice bldg., etc.)
21. I certify that, I attended the deceased from 4-1-	39, 19 to 8-17 , 1938, that I last saw the decease
// 2/ 2. 2	ath accurred a 2/5 Am, fram the causes and an the date stated above
SIGNATURE A DE SUID	M.D. ADDRESS (Street ally or town, state)  DATE SIGNI  M.D. ADDRESS (Street ally or town, state)  DATE SIGNI
PHYSICIAN'S AREWHITTO 9	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CHMETER PROVAL (Specify)  BURIAL AUG. 19.1959 REAVER	Y OR CREMATORY 22d. LOCATION (City, town, or county) (State)  EREEK CEMETERY BEAVER CREEK WASH, CO. 1810.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
- hala PV 100 V B. 12. 12.	ALLO DATE AUG 2 4 '59 Orling S. Thomas

1500N 5130RD

DATE

moy be retained by the Mola or attending physician.

TO FUNERAL DIRECTOR: Affer this certificate has been sippage 3 should be detached for use as the buriol-transit the registror prior to buriol, cremotion, TO HOSPITAL OR VS A15 (4) 15M 10/57

requires that the death certificate be executed within 24 hours after death.

the attending physicion and campletely filled in by the funeral Then please remove corban papers/ Pages 1 and 2 should be f

Then please remove corban pap vent within 72 hours after death.

or removal, and in ony

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

TO HOSPITAL OR ATTEND

VS A15 (4) 15M 10/57 9651

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

8 (19616 Reg. Dist. No. 302

1. PLACE OF DEATH a. COUNTY	<b>Va</b> shington		MARYLAND	a. STATE	ENCE (When	-	lived. If institution b. COUNTY			odmiss ngto	
b. CITY OR TOWN ( RURAL and give n	If autside carporate limits, earest tawn)	write c. LENGT	TH OF STAY IN 16	c. CITY OR T	OWN (If out	side carpora	te limits, write R	URAL and g	give nea	rest fown	)
Rural -Clea		6 1	weeks	X Hanco	ck						
OR INSTITUTION	TAL (If not in hospital, giv	10.45		d. STREET A	DDRESS				-		FARM?
	nvalescent H	ome								162	NOLI
3. NAME OF DECEASED (Type or print)	ED ITH	GRAC	Middle DE	R INEHART		OF DEATH	Augus		11		Year 19 <b>59</b>
5. SEX	6. COLOR OR RACE	MARRIED NE	EVER MARRIED	8. DATE OF BIRTH	1	9	. AGE (In years	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.
Female		VIDOWED 🔀	DIVORCED [	Nov 25.	1870		lost birthdoy) 88 yrs.	Manths	Days	Hours	Min,
10a. USUAL OCCUPATION during most of work House	ON (Give kind of work do king life, even if retired) Swife	ne 10b. KIND OF 1	BUSINESS OR IND		ACE (State or		ntry)	12. CIT		S.A.	COUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME					
Lucian	n B Brenner			Ma	ary Ca	therin	e Fiery				
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE		CURITY NO. 17.	INFORMANT			Add	ress		D/O	
(Yes, no or unknown)	(If yes, give wor or dates of serv	NON	E	Mrs. Ome	N Car	rryer	Han	cock	Md		
Canditians, if a gave rise to a cause (a), stating lying couse last.	the under-	Yes	my	arten	2	rele	con	7	1	03	
CATIC	HER SIGNIFICANT COND	TIONS CONTRIBUT	TING TO DEATH BI	UT NOT RELATED TO	THE TERMINA	AL DISEASE	CONDITION GIV	'EN IN PAR	F 1(a) 15	PERFO	AUTOPSY PRMED?
200. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRIBE HOV	V INJURY OCCUR	RED. (Enter nature al	I injury in Pa	rt I ar Part I	l of item 18.)				
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Year 19	20d. INJURY OCC While Nat v at wark of we	while_	PLACE OF INJURY (I factory, street, affice	Home, farm, bldg., etc.)	20f. (City o	r lawn)	(0	County)		(Stote)
21. I certify	nat I attended the	deceased fram.	- Jany	th accurred at		M, fram	the causes o	ind an th		e state	
ACTUAL SIGNATURE	1. Za	AM		M.D.	her.	LIM	cet, city or town,	Zu	4	87	TE SIGNE
PHYSICIAN'S NAME (Type)	TIBEW	11/11/	02					/	/	//	Zsp
22a. BURIAL, CREMATIC REMOVAL (Specify Burial	8/13/59	-/	ME OF CEMETERY t Haven (		2		on (City, lawn, o		nd	(State	e)
23. FUNERAL DIRECTOR	SSIGNATURE Funer	al Home	RESSAGETST	own Md.	24a. REC'D			STRAR'S SIC	SNATUR	E	
Hall		SA			DATE BUIC	1 7 '59	0.	Thun 8	4		

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b) linesmi	mornial banes	ADION STORY	Charles and the control of
		b.	
	A SUN THE PROPERTY OF		

e. IS RESIDENCE ON A FARM?

19 WAS AUTOPSY PERFORMED?

YES NO

(State)

DATE SIGNED

(State)

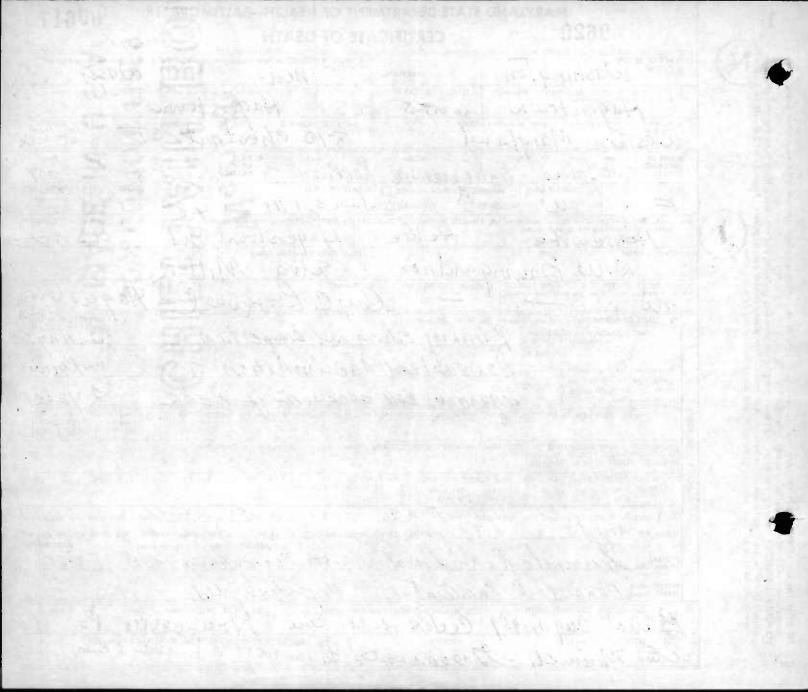
DATE AUG 1 1 '59

YES NO

Year

1959

0 VS A1S (4) 15M 9/SB



### **CERTIFICATE OF DEATH**

PLACE OF DEATH Washington MARYLAND c. LENGTH OF STAY IN 16

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. COUNTY b. COUNTY Frederick Maryland b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Frederick-Rural RD#2 Ilnk Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Western Maryland State Hospital Near Frederick YES NO T NAME OF Year DECEASED CATHERINE (Type or print) 1959 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX last birthday) Months Davs White Female 16 Oct 1926 WIDOWED | DIVORCED [ yrs. Ida. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
House-work At Home Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mollie E. Wadford Lewis H. Ropp 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT John J. Schill (Same as item #2) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH BRONCHOPNEUMONIA PART I. DEATH WAS CAUSED BY: DAL IMMEDIATE CAUSE (o) DUE TO RIGHT MIDDLE CEREBRAL ARTERY THROMBOSIS 94 Conditions, if any, which gave rise to immediate DUF TO couse (a), stoting the under-COARCTATION OF ADRTA (SURGICALLY CORRECTED) lying couse lost PERFORMED? DIABETES MELLITUS.

LEFT HEMIPARESIS.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

YES NO IX

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

MEDICAL 20c. TIME OF INJURY Month, Doy, Year Hour o. m.

20d. INJURY OCCURRED While Not while ot wark ot work

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)

(County) (State)

1959 to AUGUST 3, 1959 that I lost saw the deceased

21. I certify that I ottended the deceosed fram.

ADDRESS (Street, city or town, state) 1500 PENNSVLVANIA

and that death accurred at 10.10RM, from the causes and on the date stated obove.

(State)

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

CFEORGE BFRCV

HAGERSTOWN, MARYLAND

220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Frederick Memorial Park 22d. LOCATION (City, town, ar county) Frederick, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland

24a, REC'D BY REGISTRAR

DATE AUG 7

Chathan & France

24h REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: page VS A15 (4) 15M 9/5B

be fill

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22

filled

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death.

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VS A15 (4) 15M 10/S7

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### 9622 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

						Key. Dist.	140.
1. PLACE OF DEATH o. COUNTY Was	hington	MARYLAN	O STATE	DENCE (Where deced	sed lived. If institut b. COUNTY		/
b. CITY OR TOWN (If outside corps		c. LENGTH OF STAY IN 1	b c. CITY OR 1	TOWN (If outside cor	rporote limits, write I	- ar colored	White the same of
RURAL and give nearest town)					100	7	1
Hagerstown		7 Days			ynesboro	Pa.	3 X - 3
d. NAME OF HOSPITAL (If not in h OR INSTITUTION	ospitol, give street	oddress)	d. STREET A	DDRESS			e. IS RESIDENCE ON A FARM?
Washin	gton Cou	nty Hospital					YES NO
3. NAME OF	First	Middle	Los	4. DATI	E Mo	nth	Day Year
	Rosie	V.	Shoc	key OF DEAT	rh Au	gust :	18, 19 59
S. SEX 6. COLOR C	OR RACE 7. MAR	RIED THEVER MARRIED	B. DATE OF BIRTI	Н	9. AGE (In years lost birthdoy)		EAR IF UNDER 24 HRS.
Female Whit	e widow	ED DIVORCED	Aug. 23	. 1895	63 yrs		ys Hours Min.
10o. USUAL OCCUPATION (Give kind	of work done 10b.	KIND OF BUSINESS OR IN					N OF WHAT COUNTRY
during most of working life, even	if retired)					77	O A
House Wife			Way	nesboro P	a., #1	1 0	.S.A.
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
Samuel Welsh	1			Mary Ann	Rock		
15. WAS DECEASED EVER IN U. S. AR	MED FORCES? 16.	SOCIAL SECURITY NO. 1	7. INFORMANT			dress	PART OF THE
(Yes, no, or unknown)   If yes, give wor o	or dates of service)		Mr. Elmer	C. Shock	ey, Wayne	sboro Pa	a., #1
1B. CAUSE OF DEATH [Enter on	ly one couse per li	ne for (o), (b), ond (c).]	TO SELECT OF SELECT	HUT EXTLINE		1.	INTERVAL BETWEEN
PART I. DEATH WAS CAU	SED BY: TIT	emia					ONSET AND BEATH
602 X		021220					-11
	DUE TO						2 weeks
Conditions, if ony, which gove rise to immediate	(b) Py	ronephrosis					Z weeks
couse (o), stoting the under-	DUE TO						6-2-1
lying couse lost.	(c)Re	enal Calculus					6 wks(app.)
PART II. OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1(	19. WAS AUTOPSY PERFORMED? YES NO [X
	IG □ 20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter noture o	f injury in Port Lor I	Port II of item 18.1		100 100 110
OR CONTRIBUTING CAUSE OF	F DEATH						
20c. TIME OF INJURY Month, Hour o. m. p. m.	Doy, Year 20d. I	NJURY OCCURRED 20e	PLACE OF INJURY	Home, form, 20f. (C	Lity or town)	(Cou	inty) (Stote)
Hour o. m.	19 While	Not while	foctory, street, office	e bldg., etc.)			
				0 /3 0	150		
21. I certify that I attend	ded the deceas	sed from 8/12/59	, 19		, ,,		it saw the deceased
alive on 8/18/59		, and that de	ath accurred at	1:07 Am. fr	am the causes	and on the	date stated above
		^			(Street, city or town		DATE SIGNE
ACTUAL SIGNATURE	NO	Liden	▼ M.D.				
PHYSICIAN'S J. G. V	Varden, M	. D.	832 P	otomac Av	e., Hager	stown, 1	Md.
220. BURIAL, CREMATION, 22b. DAT	E THEREOF	22c. NAME OF CEMETER	Y OR CREMATORY	22d. LO	CATION (City, town,	or county)	(Stote)
REMOVAL (Specify)	21/59	Mt. Zio	n	Way	nesboro #	1. Fran	klin Pa.
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D BY REG		ISTRAR'S SIGNA	
11/ AL 3101	,1	ADDRESS	10				
Walter Untro	UE LUC	Ugnestroo	Va	DATELIG 2 4 '5	9 and	Lung S. His	ins

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119621

				Item	5 FilmG248	3 9	-5-59 et			Reg.	Dist. No	
	1, 1	LACE OF DEATH					2. USUAL RESIDENCE (W	Vhere deced	sed lived. If i	nstitution: Res	idence bef	ore admission)
	l '	. COUNTY	ashington		MARYLAN	10	o. STATE Marv]	and	b. CO	UNTY	ashi	ngton
	b		Itt outside corporate limits, write	RURAL C	LENGTH OF STAY IN	ь	c. CITY OR TOWN (IF	autside cor	porate limits.			
	R		Hancock Md	1.	Life		X Rural	1 Ha	ncock	Mary	Lan d	
	c	. NAME OF HOSP	TAL OR INSTITUTION (H	Fnat in hospita	il, give street address)		d. STREET ADDRESS					e. IS RESIDENCE
			Home				Rural 1	Hanc	ock Ma	arylar	14	YES NO
	3.	NAME OF DECEASED	First		Middle		Last	4. DATE OF		Aonth	Day	Year
I	(	Type or print)		.die	Frances		Trail	DEATH		8	25	19 59
ļ	5. 5	Female M.	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	] 8. C	PATE OF BIRTH		9. AGE (In yet lost birthday)		-	IF UNDER 24 HRS.
l	9	M/	W	WIDOWED	DIVORCED	J	an. 27.1905	5		yrs. Months	Days	Hours Min.
	10a	USUAL OCCUPAT	ION (Give kind of work ding life, even if retired)	lone 10b. KINI	OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (State	ar fareign	country)	12. C	ITIZEN OF	F WHAT COUNTRY
ı	-	ousewif		Ho	usewife		Washingto	on Co	unty 1	Vid.	U.S	Α.
l	13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME				
Ì		Joh	n C Norris				Minnie	BJ	erome			
ĺ		WAS DECEASED E	VER IN U. S. ARMED FOR		CIAL SECURITY NO. 17	, INF	ORMANT	an an		dress		
L		No				Wi	lbur Trail	Ru	ral 1	Hance	ock J	Md.
Ī		18. CAUSE OF DE	ATH [Enter only one cou	se per line for	(a), (b), and (c).]						INTER	EVAL BETWEEN
		PART I. DE	ATH WAS CAUSED BY:								O'NSE	I AND DEATH
		914.	O DUE TO						AUG TO	William .		0.1 1
		Canditions, if	ony, which) (b)	6	lection	111	tron				- h	LIT
I		gave rise to imm (a), stating the	ediate cause								1	
		couse last.	(c)_									
l	NO	PART II. O'	THER SIGNIFICANT CONE	DITIONS CONT	RIBUTING TO DEATH BE	JT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN P	ART 1(a) 1	
ı	CATE					39					1	PERFORMED?
	CERTIFICATION	20g. EXTERNAL CAPRIMARY PLOT CO	AUSE WAS 208	DESCRIBE H	OW INJURY OCCURRED	. (Ehte	er nature of injury in Parl	I or Part II	of jtegr 18.)	0. 1	11/2	1
		CAUSE OF DEATH		ante	ma the	ee	· contact	The	IT he	sh /6	1	ege
	MEDICAL	20c. TIME OF INJ	and the same of th			PLACE	OF INJURY (Home, form	20f. (Cit	y or town)	1 11	County	(State)
	MED	Hour p. m		While of work	1401 MILLIA		street, office bldg., etc.	Ho	acref	Was	h.	my
ı		21. I certify	that I took charge	af the ren	noins described a	bove	, held on Autaps	y [], I	nspection	Ingu	iry 🗍	, and find tha
ı		death resulte	d fram: Notural	ouses $\square$ ,	Accident 🖂	Suici	de 🗍. Homicide	_	ndetermine		٦.	
ı			10	2	*							
	10	ACTUAL SIGNATURE	In ZW	Du	102		M.D. CHIEF MEDICAL EX	CAMINER [	1		P	DATE SIGNED
			C-		1		ASSISTANT MEDICA	AL EXAMINI	ER 🗍		/2	6/00
		EXAMINER'S NAME (Type)	ZEWI	ファア	Tos		DEPUTY MEDICAL I	EXAMINER				739
	220	BURIAL CREMATI	ON, 226. DATE THEREO	F 220	NAME OF CEMETERY	OR CI	REMATORY	22d. LOCA	TION (City, to	wn, or county	)	(State)
		REMOVAL (Specif Burial	8 29 59	P	inev Plai	ns	Methodist		1.7 0	deens		Md
	23.	FUNERAL DIRECTO			ADDRESS	115		D BY REGIS		REGISTRAR'S		egany
	1	town	2 2 el	~ 2	Hann	-	2 ma DATE EP	1 '59	9 6	Talling 8	40	
							The state of the s			and hard	Timerral	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate,

g the word "pending" in pendi lin Item 18. Give Pages 1, 2, and 3 to the forneral director. Page "Sould be forwarded to the Chery Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to buriaf, cremation, VS. A15ME 5M 9/55

HTA 10 HO STADERTHIS 2' BHIMZDG JADIONA SCHE Anna Lygall of const E Levis All Society I I favor 2091.75.000 val tencomen de Lamine I tan Perintitio official engineering and a grant country of the second THE PARTY OF THE P

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ō	may be retained by the pital ar attending physician.	SE SE	page 3 shauld be detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be	the registrar priar to burial, cremation, or removal, and in any event within 72 hours, he aboth.
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TO HOSPITAL OR ATTENTING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat		** TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiolan and campletely filled in by the funer		

VS A15 (4) 15M 9/5B

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9653 CERTIFICATE OF DEATH

					Reg. Dist. N	ło.
PLACE OF DEATH     O. COUNTY	MARVIAND	2. USUAL RESIDENCE (W	here deceased li	ived. If institution		
Washington	MARYLAND	°. STATE Marylan	id	51 555111	Wasi	nington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	-			nearest town)
Boonesboro	4 months	X Rur	al E	agerst	own	
d. NAME OF HOSPITAL (If not in hospitot, give street of OR INSTITUTION		d. STREET ADDRESS	2			e. IS RESIDENCE ON A FARM?
Reeders Nursing Home		Route	2			YES NO
R. NAME OF DECEASED (Type or print) Rosella C	atherine !	Turner	4. DATE OF DEATH	Augus		Day Year
5. SEX   6. COLOR OR RACE   7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YE	AR IF UNDER 24 HR
Female White WIDOWE	_	Jan 4, 1875		lost birthdoy) yrs.	Months Doy	s Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)			V	ntry)	12. CITIZEN	OF WHAT COUNTRY
House ife	Own Home	Elkton	·a.			
3. FATHER'S NAME		14. MOTHER'S MAIDEN		. 747		
James Dofflemyer		H	enerit	ta Woo	ds	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 5 {Yes, no, or unknown} (if yes, give war or dates of service)	OCIAL SECURITY NO.	NFORMANT		Addre	ess .	
	Mr	s. Russell	Hartle	y Ha	gersto	own Md.
1B. CAUSE OF DEATH [Enter only one cause per lin	e far (a) /(b), and (c).]	0 0	1			NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ntonial	do ti	lans	7	0	NSET AND DEATH
IMMEDIATE CAUSE (a)	CC (12)40	Clastice /	LEGO!	-		pro
420.0 DUE TO					10.11	/
Conditions, if ony, which (b)						
couse (o), stoting the under-						
lying couse last. (c)		201 120 12		1-04		
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C	CONDITION GIVE	EN IN PART 1(a	19. WAS AUTOPS PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I ar Part II	of item 1B.)		
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	THE STATE OF THE S	ACT OF INJURY III	, loor 101:			
Haur a.m. While		ACE OF INJURY (Hame, farm ctory, street, office bldg., etc		r tawn)	(Coun	ty) (Stot
p. m. 19 of work			/			
21. I certify that I attended the decease	ed from Fulles	2. 1857, ta/	41 P1 7	1954	that I last s	aw the decease
alive an Aug 2 19	and that death	1111	The femans als	/		
dive di	, and man deam	accorded of The The		e causes and et, city or town, s		ate stated abov
ACTUAL STATEMENT		33 S.			siole)	8/- 1-
SIGNATURE	71	M.D	2022 2.11	50		13/11
PHYSICIAN'S NAME (Type) Gerald W. LeVa	n	Boonsh	oro M	Id.		//
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O			ON (City, town, o	e causty)	(Stote)
Burial Specify) 8-4-59	Dovels Cem				a.	(Store)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRA		TRAR'S SIGNA	TIJPE
Scott F. Minnich & Son		20.00		150	Tallua P	

# MUNICIPAL DESCRIPTION OF THE OWN DEATH

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**CERTIFICATE OF DEATH** 

Reg. Dist. No

1. PLACE OF DEATH o. COUNTY Washin	gton		MAR	YLAND 2	USUAL RESIDENCE (Vo. STATE Maryla			ng to		mission)
b. CITY OR TOWN ( RURAL ond give in Hager	(If autside carporate limiteorest town) S town	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (III		prate limits, write i			lown)
d. NAME OF HOSPI OR INSTITUTION Pippi	TAL (If not in hospitol, g Lane Roa		oddress)		d. STREET ADDRESS				0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	MARGARET	it	AVIS		LLER	4. DATE OF DEATH	Augui		Doy 1959	Year
5. SEX Female	6. COLOR OR RACE White	7. MARE	NEVER MARRI	_	any 30 1	898	9. AGE (In years last buthday)	IF UNDER Months	Days Ho	NDER 24 HRS. Min.
during most of wor HOUSEWII	ON (Give kind of work of king life, even if retired)	Sone 10b.	Own Hom				Jeffer	son C		USA
13. FATHER'S NAME Elmer	Stonesife	r			4. MOTHER'S MAIDEN Marga		vis			
15. WAS DECEASED EVI (Yes, no, or unknown) NO	ER IN U. S. ARMED FOR	envire)	SOCIAL SECURITY NO		RMANT Margare	t A.	Shuman 1		Lane	Rd
	the under-		Myoca	ndi —	al In	gersto farc	Lion_			L BETWEEN ND DEATH
PART II. OT	HER SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	VEN IN PART	PE	AS AUTOPSY REFORMED?
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRED. (	Enter nature of injury i	n Part I or Par	t II of item 18.)			
Y 20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Yec	While of wor	NJURY OCCURRED  Not while  t of work	20e. PLACE factory	OF INJURY (Home, for, street, affice bldg., e	rm, 20f. (City	y ar tawn)	(C	ounty)	(State)
21. I certify the olive on	hot I ottended the	deceas 19 34,	50	death of	19.59, to coursed at 12.35, 28 W	ADDRESS (S	'	ond on th		he deceased ofed above DATE SIGNED
200. BURIAL, CREMATIC REMOVAL (Specify Burial	8/19/59				¥	226. LOCA	TION (City, town,			Stote) Md
23. FUNERAL DIRECTOR	s signature	Had	ADDRESS	Md	240. RE	C'D BY REGIS	TRAR 246. REGI	STRAR'S SIG		

may be retained by it spital or attending physician.

TO FUNERAL DIRECTOR: Witer this certificate has been signed by the attending physician and completely filled in by the funera page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTEND VS A15 (4) 15M 9/55

irrector, M

ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deal

Engrand Continues Notes

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9625 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY Washington O. STATE Maryland b. COUNTY Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Hagerstown Life Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 400 Michigan Ave. YES NO 400 Michigan Ave. NAME OF First Middle 4. DATE Month Day Year Lost DECEASED OF DEATH WIPSY TRV ING 12 ROY 19 59 (Type or print) August 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 5. SFX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 53 Months Min. Days Hours White Male Sept.26.1905 WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Hagerstown, Md. W.M.R.R. Railroad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gertrude Pearl Baker David Earl West 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address Hagerstown. Md. (If yes, give war or dates of service Mrs.Roy I.West 400 Michigan Ave. 705-10-8629 No INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗍 NOT 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour While Not while O. m. ot work ot work p. m. 2). I certify that I took charge of the remains described above, held on Autopsy ... Inspection . Inquiry Accident , Suicide , Homicide , Undetermined couse . deoth resulted from: Notural couses . DATE SIGNED ACTUAL M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Hagerstown Md. 8/15/59 Rest Haven Cemetery Burial ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cirilar S. Kraus Rest Haven Funeral Chapel Inc. Hagerstown, Md.

VS. A15ME(5) 5M 9/55

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# MARTIAND STATE DEPARTMENT OF HIATTH-BULTIMORE, 18 2825 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9626 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Pen	Dist	No	

										Rog. I	Dist. No	).	
0.	ACE OF DEATH COUNTY	Washingto		A	ARYLAND	2. USUAL RI o. STATE	esidence (V	Vhere decea	sed lived. If inst b. COUN	UTY		fore adm	
b.	CITY OR TOWN (II and give nearest fown Hager		RURAL	c. LENGTH OF S	TAY IN 16	c. CITY O	**	outside cor	porote limits, wri	le RURAL or	nd give n	eoresi lo	wn)
d.	NAME OF HOSPIT	AL OR INSTITUTION (	f not in hos	pilot, give street o	ddress)	d. STREET	ADDRESS					e. IS R	ESIDENC
		Co. Hospit	-		195	/	133	John S	st.,			-	A FARM
DE	AME OF CEASED (pe or print)	William William	41	Middl arcus		liams	ter	4. DATE OF DEATH	Mo 8	nth	Doy 2		Yeor 59
5. SE)		6. COLOR OR RACE	7. MARRIE		RRIED   B	DATE OF BIRT			9. AGE (In years lost birthday)	IF UNDE Months	R TYEAR	IF UND	DER 24 HA
10a. t	JSUAL OCCUPATION TO MORE THE STATE OF WORKING THE STATE OF WORKING THE STATE OF THE	White ON (Give kind of work of life, even if refired)		board	_ ,	Feb. 4,		or foreign o	(country)		TIZEN O	F WHAT	COUNTR
13. F	reti:	red		carpente	er	Was	h. Co		)		US	A	
	Ri	lev O. Will	iams			C3 -1		. Cart	v				
		ER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY	NO. 17. II	FORMANT			Addre	55			
	no	(if yes, give war or dates of		05-10-588	84 Mr	s. Anna	Will	iams	Hager	stown,	Md.		
1		TH [Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per line l	lor (o), (b), and (c)	.]	es (	) cal	usis	~ (		INTER	T AND DE	EEN ATH
1	Conditions, if o gove rise to immed a), staling the course lost.	diote couse	4	terin	nes	luste	X	at	Lis	em	le	not	M
CERTIFICATION		HER SIGNIFICANT CON								IVEN IN PA		9. WAS PERFO	AUTOPSY PRMED? NO
CERTIF	Da. EXTERNAL CAU RIMARY O OF COI LAUSE OF DEATH.	USE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY OF	CCURRED. (E	nter noture of i	injury in Por	l I or Port II	of item 18.)				
MEDICAL	Oc. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yea	While	NJURY OCCURRED Not while rk ot work		E OF INJURY ory, street, offic	(Home, form e bldg., etc.	20f. (City	or town)	(Co	ounty)		(Stole)
3		respited fram: N				M.D. CHIEF	de, I	lamicide	R 🔲	Inqui		r 🗆	d in m
220.	URIAL, CREMATIC	N. 22b. DATE THEREO	F	22c. NAME OF CE	METERY OR	CREMATORY		22d. LOCA	TION (City, town	, or county)		(Stote	e)
	burial	8-5-59		Rose F	Hill			Hag	erstown			Md	1.
23. FL	JNERAL DIRECTOR	'S SIGNATURE		ADDRESS			240. REC'I	D BY REGIST	RAR 24b. REC	SISTRAR'S SI	GNATUR		
Fr	ed W. Kra	aiss Hag	ersto	wn, Md.			DATE AL	IG 5 '5	59 0	lather &	Ken	A	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, plr execute the certification fining the word "pending" in pendi in flem 18. Give Pages 1, 2, and 3 to the funeral director. A should be farworded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your file.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. The pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in tay event within 72 hours after death. VS. AISME 5M 2/57



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					K	eg. Dist. 140	
1. PLACE OF DEATH o. COUNTY WA	SHINGTON	MARYLAND	2. USUAL RESIDENCE (W. g. STATE MARYL	here deceased AND	ived. If institution: b. COUNTY	Residence before WASHIN	re admission) IGTON
b. CITY OR TOWN (	If outside corporate limits, write	c. LENGTH OF STAY IN 16  6 YRS.	c. CITY OR TOWN (IF		te limits, write RURA	AL ond give ne	arest tawn)
d. NAME OF HOSPI	ON COUNTY HO	SPITAL	d. STREET ADDRESS 120 BOWER	AVE.			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	BOYD	MIDDLETON	WOMACK	4. DATE OF DEATH	AUGUST	Do	y Year 29 19 59
5. SEX MALE	6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH 7/21/188	9	A CONTRACTOR OF THE PARTY OF TH	UNDER 1 YEAR	Hours Min.
RETIRED	ON (Give kind of work done 10b. king life even if setired)	KIND OF BUSINESS OR INDU		or fareign cou		The second second	S.A.
13. FATHER'S NAME W.J.	WOMACK		14. MOTHER'S MAIDEN MINNIE				
	ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 174-05-3761	MRS. CATH	ERINE	K. WOMA		MD.
Conditions, if a gove rise to i couse (o), stoting lying couse lost.	mmediote the under-	laterio scho	ofic Item	+ Die		7	SET AND DEATH
PART II. OTH	abeta mull		NOT RELATED TO THE TERM				19. WAS AUTOPSY PERFORMED? YES NO 4
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	Part I or Part I	of item 18.)		
Hour a.m.		Not while for	ACE OF INJURY (Home, for ctory, street, office bldg., et	c.)		(County)	
ACTUAL SIGNATURE PHYSICIAN'S	John ItH	and that death	M.D. 154 Wes	_M, fram th ADDRESS (Stre t Washi	e causes and of the course of	an the date	e stated abave.
	N, 22b. DATE THEREOF	aker, M.D.	R CREMATORY		DN (City, town, or c	ounty)	(Stote)
23. FUNERAL DIRECTOR	0/2/00	ROSE HILL			ERSTOWN  AR 24b, REGISTRA	M ABIS SIGNATU	
W.J.7	ornered !	tagersh.	DATE SI	P 2 59	arth	AR'S SIGNATU	

TO HOSPITAL OR ATTENNING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

May be retained by the provided an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers.

16. The Arms of the Control of the Arms of Lances plots of their a little and professions. SEASON AND THE THE THE TAX PROPERTY AND THE PARTY OF THE PRUDITA SAR COLLEGE HOTELSCALL STREET The state of the s 39 6 31 111 TO A POW TO A P AUOV A SIDERHIAD BAK PARK TO SELECT The second section of the second section of the second the second secon TANKE THE TANK OF SHEET STATE OF SHEET STATE OF SHEET STATE OF SHEET STATE OF SHEET SHEET STATE OF SHEET SHE 

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9629

### **CERTIFICATE OF DEATH**

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					Keg. L	7131. 140.
1. PLACE OF DEATH o. COUNTY WA	ASHINGTON	MARYLAND	2. USUAL RESIDENCE (WI O. STATE MARY:		ed. If institutions Reside b. COUNTY WASE	ence before admission) HINGTON
RURAL and give	RSTOWN	LIFE		outside corporate	limits, write RURAL and	d give nearest town)
d. NAME OF HOSP WASHING	TIAL (If not in hospital, give street TON COUNTY H	et oddress) OSPITAL	RT.#5 H.	AGERST	OWN	IS RESIDENCE     ON A FARM?     YES  NO
3. NAME OF DECEASED (Type or print)	MALINDA	MAE	ZEIGLER	4. DATE OF DEATH	AUGUSI	Day Yeor 4 19 59
5. SEX FEMALE	Will List the Paris	RRIED NEVER MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 8/4/59	9. /	AGE (In years ast birthday) Months,	R 1 YEAR IF UNDER 24 HRS.
10o. USUAL OCCUPAT during most of wo	TON (Give kind of work done 10 prking life, even if retired)  INFANT	b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State MARYLA	or foreign count	(y) 12. C	U.S.A.
DONALI	J. ZEIGLER		BETTY J			
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? 1 (If yes, give wor or dates of service)		MR. DONALD	J. ZEI	GLER HA	#5 GERSTOWN MD
PART I. DE	any, which immediate g the under. (b) DUE TO	rematurity (a neart beat ab	out 5 minut	es aft	er birth)	interval Between ONSET AND DEATH 5 min.
3		ocele was pr	esent (abou	t size	of egg)	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF)  20c. TIME OF INJU Hour a.m.	G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Day, Year 20d Whi		D. (Enter nature at injury in I ACE OF INJURY (Home, form lotory, street, office bldg., etc	1, 20f. (City or )		(County) (State)
21. I certify t	that I attended the dece	sed from Aug. 59, and that death	M.D. 119 Nor	AM, from the ADDRESS (Street, the Pote	ne causes and an city or tawn, state) omac Stree aryland.	DATE SIGNE
220. BURIAL, CREMATION REPORT (Specify	ON, 226. DATE THEREOF 8/5/59	22c. NAME OF CEMETERY C			(City, town, or county)	(State)
23. FUNERAL DIRECTOR	R'S SIGNATURE  RMCent A	ADDRESS J		D BY REGISTRAR		IGNATURE

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove capant papers. Pages 1 and 2 she the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR TO HOSPITAL OR

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